

m980000001490



THE UNITED STATES  
CORPORATION  
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 045082 4380006

AUTHORIZATION :

Patricia Project

COST LIMIT : \$ 285.00

ORDER DATE : November 25, 1998

ORDER TIME : 10:02 AM

ORDER NO. : 045082-805

0000002711240--8

CUSTOMER NO: 4380006

CUSTOMER: Melissa A. Durbin, Legal Asst  
Host Marriott Corporation  
10400 Fernwood Rd.

Bethesda, MD 20817

FOREIGN FILINGS

NAME: FIBM ONE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

Name	
Availability	Mgt
Document	
Examiner	Mgt
Updater	Mgt
Updater	
Verifier	Mgt
Acknowledgement	
vv. P. Verifier	Mgt

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
NOV 15 1998

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC 14 AM 11:55

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

8. List name, title, and business address of each managing member[MGRM] or manager[MGR]who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

Bethesda, MD 20817

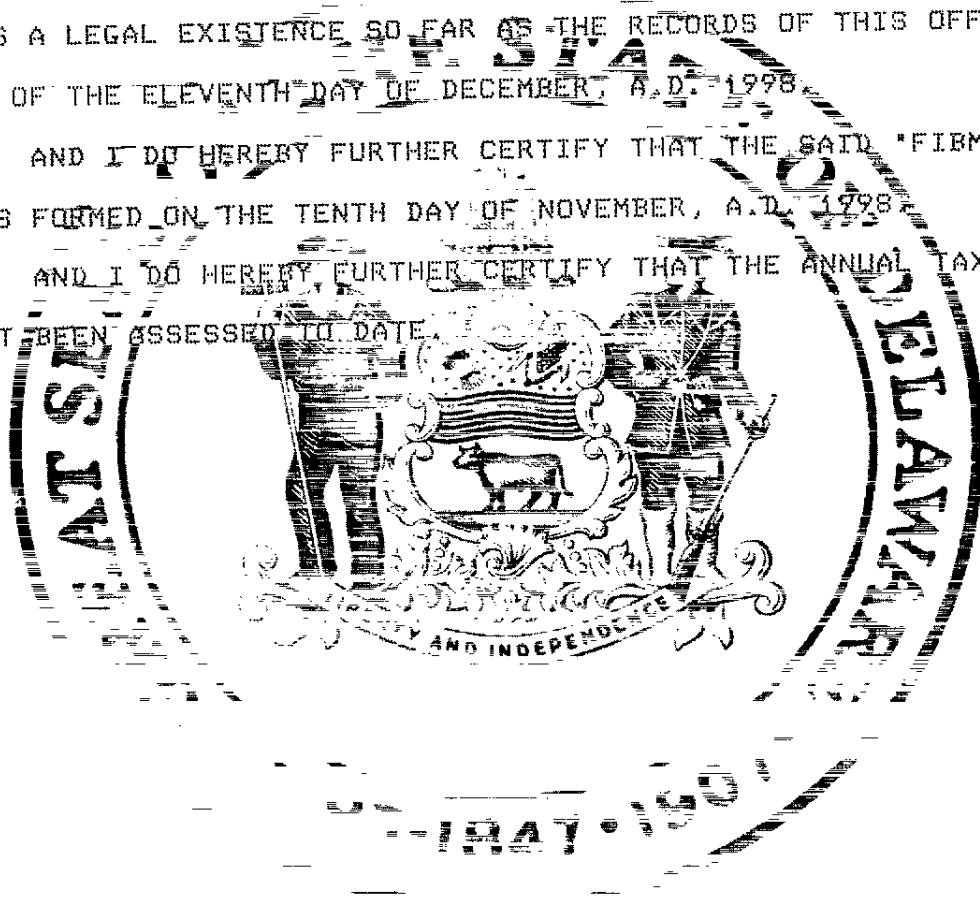
FIELD  
SECRETARY OF STATE  
DIVISION OF OPERATIONS  
98 DEC 14 AM 11:55

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FIRM ONE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF DECEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIRM ONE LLC" WAS FORMED ON THE TENTH DAY OF NOVEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



*Edward J. Freel*

Edward J. Freel, Secretary of State

2965078 8300

981478247

AUTHENTICATION:

9457165

DATE:

12-11-98

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES. THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

FIBM ONE LLC

2. The name and the Florida street address of the registered agent and office are:

The Prentice-Hall Corporation System, Inc.  
(Name)

1201 Hays Street  
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee, FL 32301  
City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By: \_\_\_\_\_

(Signature)

**Filing Fee: \$ 35 for Designation of Registered Agent**

# AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of FIBM ONE LLC  
\_\_\_\_\_certifies:

1) the above named limited liability company has at least one member;

2) the total amount of cash contributed by the member(s) is

\$ 100 ;

3) if any, the agreed value of property other than cash contributed by member(s) is  
(A description of the property is attached and made a part hereto.)

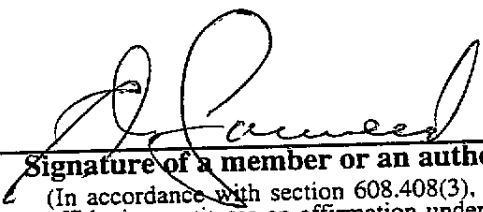
\$ 0 ;

and

4) the total amount of cash and property contributed and anticipated to be contributed  
by member(s) is

\$ 100 .

(This total includes amounts from 2 and 3 above.)

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**

(In accordance with section 608.408(3), Florida Statutes, the execution of this  
affidavit constitutes an affirmation under the penalties of perjury that the facts  
stated herein are true.)

\_\_\_\_\_  
Christopher G. Townsend

Typed or printed name of signee

**Filing Fee: \$250.00 for Application and Affidavit**