# M98000001505



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4303829

AUTHORIZATION

COST LIMIT

ORDER DATE: December 10, 1998

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10:10 AM

ORDER NO. :

059694-355

CUSTOMER NO:

4303829

CUSTOMER: Barbara B. Erwin, Legal Asst

Shaw, Pittman, Potts &

2300 N Street, N.w.

Washington, DC 20037

FOREIGN FILINGS

NAME:

CCMH JACKSONVILLE LLC

500002712895--3

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

Availability

Document Examiner

Updater

Upda er Verifyer

Acknowledge me

W. P. Verityer

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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:

MH Jacksonville LLC (1	Name of foreign limit	ed liability company)	
	3	<u>-</u>	
laware		( FEI number, if applic	able)
risdiction under the law of which foreign mpany is organized)			
ovember 25, 1998	5	. December 31, 2080	
(Date of Organization)		(Duration: Year limited liability corexist or "perpetual")	npany will cease to
Upon filing of qualificat	ion	1017 155	E.C.)
(Date first transacted busine	ess in Florida. (See se	ctions 608.501, 608.502, and 817.155,	F.S.) ÷
Road			
0400 Fernwood Drive			·
ethesda, Maryland 20817	(Street address of	principal office)	
I manage the foreign limited liabil	of each managir	o member[MGRM] or manager	[MGR]who necessary) TITLE:
t name, title, and business address manage the foreign limited liabil  NAME & ADDRESS:	of each managir lity company in F	g member[MGRM] or manager lorida: (attach additional page if	Hecesom)
t name, title, and business address I manage the foreign limited liabil  NAME & ADDRESS:  See Rider A	of each managir lity company in F	g member[MGRM] or manager lorida: (attach additional page if	Hecesom)
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I manage the foreign limited liabil  NAME & ADDRESS:	of each managir lity company in F	g member[MGRM] or manager lorida: (attach additional page if	TITLE:  DIVISION OF CO.  98 DEC 15

#### Rider A

#### **Board of Managers**

Bethesda, MD 20817

Name
Address

James L. Francis
10400 Fernwood Road
Bethesda, MD 20817

Tracy M.J. Colden
10400 Fernwood Road
Bethesda, MD 20817

Bruce F. Stemerman
10400 Fernwood Road

Document #: 685013 v.2

#### State of Delaware ,

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### Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY \*CCMH JACKSONVILLE 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.





Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

9457209

DATE:

12-11-98

2971123 8300

981478279

## 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:

CCMH Jacksonville LLC

2. The name and th	ne Florida street address of the registered agent and office are:
	The Prentice-Hall Corporation System, Inc.
	(Name)
120	01 Hays Street
	Florida street address (P.O. Box NOT ACCEPTABLE)
•	
<u>Ta.</u>	City/State/Zip
liability company at agent and agree to a relating to the prope	as registered agent and to accept service of process for the above stated limited the place designated in this certificate, I hereby accept the appointment as registered act in this capacity. I further agree to comply with the provisions of all statutes er and complete performance of my duties, and I am familiar with and accept the osition as registered agent.

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 CCMH Jacksonv	ille	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.) and		N/A
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is		
(This total includes amounts from 2 and 3 above.)		-
Signature of a member or an authorized representative of a member	ber.	
Tracy M.J. Colden, Manager  Typed or printed name of signee		

Filing Fee: \$250.00 for Application and Affidavit