m98000001518



ACCOUNT NO.

072100000032

REFERENCE

- COST LIMIT

\$ 285.00

ORDER DATE: November 20, 1998

ORDER TIME :

2:02 PM

ORDER NO. : 040332-025

000002713590--4

CUSTOMER NO:

4380006

CUSTOMER:

Ms. Melissa Durbin -#72.862

Host Marriott Corporation

10400 Fernwood Rd.

Bethesda, MD 20817

FOREIGN FILINGS

NAME:

CBM ONE LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

Name Availability

Document Examiner

Updater

U x a er Venityer

Acknowledgemer

P. Verifyer

HOST MARRIOTT CORPORATION 10400 Fernwood Road Bethesda, Maryland 20817 (301) 380-5580 Fax (301) 380-8051

December 4, 1998

Secretary of State State of Florida

To Whom It May Concern:

CBM ONE Corporation consents to the use of the name CBM ONE LLC in the State of Florida to do business as a Foreign Limited Liability Company in the State of Florida.

CBM ONE Corporation

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:

I. CBM One	e LLC	ne of foreign limit	ed liability company)	
	(1441)			
2. Delawa	re		On Order	la)
(Jurisdiction company is	under the law of which foreign li- organized)	mited liability	(FEI number, if applicat	ne)
4. 11/10/	9.8	5	. Perpetual	
4. 22/25/	(Date of Organization)		(Duration: Year limited liability compexist or "perpetual")	any will cease t
6. Upon c	qualification			
	(Date first transacted business i	in Florida. (See se	ctions 608.501, 608.502, and 817.155, F.	5.)
7 10400	Fernwood Road, Bethesd	a, MD 20817	<u> </u>	
7. 10400	, removed near,			••
		(Street address of	principal office)	
				CDlmbo
8 Tist name, t	itle and business address of	each managin	g member MGRM or manager [w	ICK]WHO
O. <u></u> , 1164220, 1	une, and business address of			
will manage	title, and business address of the foreign limited liability	company in Fl	orida: (attach additional page if n	ecessary)
will manage	the foreign limited liability	company in F	orida: (attach additional page II n	ecessary)
will manage	the foreign limited liability AME & ADDRESS:	company in F	orida: (attach additional page if n	ecessary) TITLE:
will manage	e the foreign limited liability	company in Fl	orida: (attach additional page II n	ecessary)
will manage	e the foreign limited liability	TITLE:	orida: (attach additional page II n	TITLE:
will manage	the foreign limited liability [AME & ADDRESS: Christopher G. Townsend	TITLE:	NAME & ADDRESS: Robert E. Parsons, Jr.	TITLE:
will manage	the foreign limited liability IAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
will manage	the foreign limited liability AME & ADDRESS: Christopher G. Townsend 10400 Fernwood Road	TITLE:	NAME & ADDRESS: Robert E. Parsons, Jr.	TITLE:
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will manage	the foreign limited liability AME & ADDRESS: Christopher G. Townsend 10400 Fernwood Road	TITLE:	NAME & ADDRESS: Robert E. Parsons, Jr. 10400 Fernwood Road	TITLE: Manager OVISION OF COMME
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will manage	the foreign limited liability AME & ADDRESS: Christopher G. Townsend 10400 Fernwood Road	TITLE:	NAME & ADDRESS: Robert E. Parsons, Jr. 10400 Fernwood Road	TITLE: Manager 98 PFC 15 AM
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will manage	the foreign limited liability AME & ADDRESS: Christopher G. Townsend 10400 Fernwood Road	TITLE:	NAME & ADDRESS: Robert E. Parsons, Jr. 10400 Fernwood Road	TITLE: Manager 98 PFC 15 AM

State of Delaware

PAGE 1

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CBM 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 TWENTY-THIRD DAY OF NOVEMBER, A.D. 1998.

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

2965205 8300 981449294



9419443

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

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:	<u></u>
CBM One LLC	
2. The name and the Florida street address of the registered	l agent and office are:
The Prentice-Hall Corporation Syst	em, Inc.
Name)	
1201 Hays Street Florida street address (P.O. Box NO	[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: (Quol Kable (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	f a member of	
CBM One LLC	certifies:	
 the above named limited liability company has at least 	one member;	
2) the total amount of cash contributed by the member(s)	is	S 100,00
3) if any, the agreed value of property other than cash con (A description of the property is attached and made a party of the property is attached and made a party of the property is attached.	ntributed by member(s) is part hereto.)	s0:
and 4) the total amount of cash and property contributed and by member(s) is (This total includes amounts from 2 and 3 above.)	anticipated to be contributed	\$ 100.00
Alamen		
(In accordance with section 608.408(3), Floraffidavit constitutes an affirmation under the stated herein are true.)	rida Statutes, the execution of this	er.
Christopher G. Townsen		
Typed or printe	d name of signee	

Filing Fee: \$250.00 for Application and Affidavit