M98000001562



072100000032 ACCOUNT NO.

REFERENCE

073193

4816118

AUTHORIZATION

COST LIMIT

\$ 346.25

ORDER DATE : December 21, 1998

9:50 AM ORDER TIME :

ORDER NO. 073193-025

CUSTOMER NO:

4816118

600002718806

CUSTOMER: Ms. Melissa Courson

> Hogan & Hartson L.l.p. 555 13th Street Nw

Washington, DC 20004-1109

ROCKLEDGE HMC BN LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

Name Availability Document

Examiner

Update:

Updater Verifyer

Acknowledge

W. P. Ver.:

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

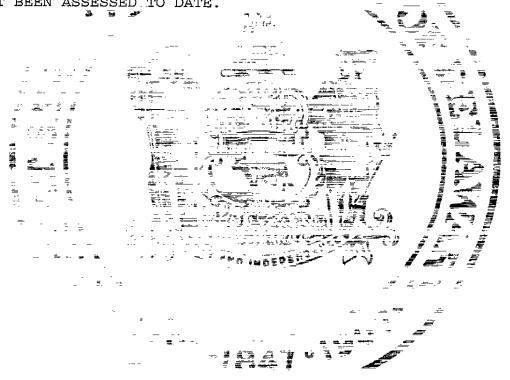
IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

MITED LIAB	BILITY COMPANY TO TRANSACT BUSINESS IN				
	R ockledge HMC BN	LLC		•	
	(Name of fore	ign limited	liability company)		
- . 3		3.	on order	-	
Delaw (Jurisdiction company is	on under the law of which foreign limited liabs organized)	oility	(FEI number, if applicable	e)	
1	L2/14/98	5	perpetual		
	(Date of Organization)	(e	(Duration: Year limited liability company will cease to exist or "perpetual")		
Upon	qualification (Date first transacted business in Florida.	. (See section	ons 608.501, 608.502, and 817.155, F.S	.)	
104	00 Fernwood Road, Bethesda, MD 2	20817		· ·	
List name	title and business address of each m	ianaging i	ncipal office) nember[MGRM] or manager[Mida: (attach additional page if ne	GR]who	
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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 "ROCKLEDGE HMC BN 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-FIRST DAY OF DECEMBER, A.D. 1998.

AND I DO_HEREBY_FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



2978372 8300 981493699



e durth Jul 12-21-98

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.

Rockledge HMC BN 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.

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		
Rockledge HMC BN LLCcertifies:		
1) 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
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	\$_	<u> </u>
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.)	\$	100
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.)	er.	
Christopher G. Townsend Typed or printed name of signee		

Filing Fee: \$250.00 for Application and Affidavit