

REFERENCE

: 217607

AUTHORIZATION

COST LIMIT : \$ 293.75

ORDER DATE: April 26, 1999

ORDER TIME : 12:11 PM

ORDER NO. 217607-005 500002857305--8

CUSTOMER NO:

4809065

Ms. Jeanne Harris-covington CUSTOMER:

Venable Baetjer And Howard

1800 Mercantile Bank & Tr Buil

2 Hopkins Plaza

Baltimore, MD 21201-2978

FOREIGN FILINGS

NAME:

CHG-HAM1, L.L.C.

XXXX QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILTING

_ CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

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:

(Name	CHG-HAM 1, L.L.C. of foreign limited liability company mu	1st end with the wor	rds "limited company" or their abbre	viation "I. C" if not
SO COM	camed in the hame at present.)			
(Jurisd	iction under the law of which foreign linny is organized)	mited liability	(FEI number, if applic	cable)
4	12/29/98		2047	
	(Date of Organization)		(Duration: Year limited liability coexist or "perpetual")	mpany will cease to
6	4/30/99	THE PERSON AND MICHAEL TO THE THE	Frankling of the first secondaries of the secondari	99
	(Date first transacted business	in Florida. (See sec	tions 608.501, 608.502, and 817.15	5, F.S.) %
7	1201 HAYS	STREET	principal office)	0
	TALLAHASS	SEE, FL 32301		2
-	and a special section of the section	(Street address of p	principal office)	0
		YY	orida: (attach additional page if	necessary)
	NAME & ADDRESS:	TITLE: PRESIDENT	NAME & ADDRESS:	TITLE:
	NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
	NAME & ADDRESS: JOHN W. CULLEN, IV	TITLE: PRESIDENT	NAME & ADDRESS:	TITLE:
	NAME & ADDRESS: JOHN W. CULLEN, IV 39 BAY DRIVE	TITLE: PRESIDENT	NAME & ADDRESS:	TITLE:
	NAME & ADDRESS: JOHN W. CULLEN, IV 39 BAY DRIVE	TITLE: PRESIDENT	NAME & ADDRESS:	TITLE:
:.	NAME & ADDRESS: JOHN W. CULLEN, IV 39 BAY DRIVE	TITLE: PRESIDENT	NAME & ADDRESS:	TITLE:
c.	NAME & ADDRESS: JOHN W. CULLEN, IV 39 BAY DRIVE	TITLE: PRESIDENT	NAME & ADDRESS:	TITLE:
	NAME & ADDRESS: JOHN W. CULLEN, IV 39 BAY DRIVE ANNAPOLIS, MD	TITLE: PRESIDENT	NAME & ADDRESS:	TITLE:
	NAME & ADDRESS: JOHN W. CULLEN, IV 39 BAY DRIVE ANNAPOLIS, MD	TITLE: PRESIDENT	NAME & ADDRESS:	TITLE:

^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a	member of		راها (بدا مرة و م
CHG-HAM 1, L.L.C. ce	rtifies:		1.59 1.59
1) the above named limited liability company has at least o	ne member;		
2) the total amount of cash contributed by the member(s) is		\$100.00	
3) if any, the agreed value of property other than cash contr (A description of the property is attached and made a par and		\$0	2
4) the total amount of cash and property contributed and an by member(s) is (This total includes amounts from 2 and 3 above.)	ticipated to be contributed	\$_1,400,000	<u>.</u> 00
Signature of a member or an authorized (In accordance with section 608.408(3), Florida S affidavit constitutes an affirmation under the pensitated herein are true.)	I representative of a member of this lattices, the execution of this lattices of perjury that the facts	ber.	
JOHN W. CULLEN	, IV		
Typed or printed n	ame of signee		

Filing Fee: \$250.00 for Application and Affidavit

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:		
_	CHG-HAM 1, L.L.C.	·;	
2.	. The name and the Florida street address of the registered agent and office are:		
	CORPORATON SERVICE COMPANY		
	(Name)	· . 10 ·	
	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

STATE OF MARYLAND

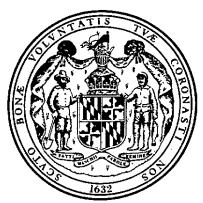
723643

STATE DEPARTMENT OF SAND TAXATION

301 West Preston Street Baltimore, Maryland 21201

I, RITA WINSTON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HERBY CERTIFY THAT SAID DEPARTMENT, BY THE LAWS OF SAID STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE, RELATING TO LIMITED LIABILITY COMPANIES OF THE RIGHT OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE; AND I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CHG-HAM 1, L.L.C.
IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS
OF THE STATE OF MARYLAND AND THAT SAID LIMITED LIABILITY
COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT
BUSINESS.



IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE THIS 26TH DAY OF APRIL, 1999.

RITA WINSTON CHARTER DIVISION

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