Filing Fee: \$150.00

ID Number:



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

### LIMITED LIABILITY COMPANY

### **APPLICATION FOR REGISTRATION**

for	rsuant to the provisions of Section 7-16-49 of the Ceign limited liability company hereby applies for a Cand, and for that purpose submits the following state	Certificate of Registration to transact	, as amended, the undersigned to business in the state of Rhode	
1.	The name of the limited liability company is:			
	DFS-SPV LLC			
2.	The name, if different, under which it proposes to r	register and transact business in Rho	ode Island is:	
3.	The limited liability company is organized under the laws of Delaware			
4.	. The date of its organization is 10/30/1998			
5.	The period of duration of the limited liability company is (if perpetual, so state) Perpetual			
6.	The address of the limited liability company's resident agent in Rhode Island is:			
	10 Weybosset Street	Providence	. RI 02903	
	(Street Address, not P.O. Box)	(City/Town)	(Zip Code)	
	and the name of the resident agent at such address is C T Corporation System (Name of Agent)			
7.	The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.			
8.	The address of any office required to be maintai limited liability company is organized is:	ined in the state or other jurisdiction	on under the laws of which the	
	1209 Orange Street, Wilmington, DE 19801			
9.	The mailing address for the limited liability compan	v is:		
	One Dell Way, Round Rock, TX 78682		11:42	
		· · · · · · · · · · · · · · · · · · ·	FILED	
			MAY 27 2008	

Form No. 450 Revised: 12/05 MAY 27 2008

By 757647

10.	Management of the Limited Liability C	Company:		
A.	The limited liability company is to be no. 11.)	managed by its members. (If you have checked this box, go to item		
	<u>or</u>			
B. The limited liability company is to be managed by one (1) or more managers. (If the limit company has managers at the time of the filing of these Articles of Organization, state the address of each manager.)				
	<u>Manager</u>	Address		
_				
_				
11. Th au	is application is accompanied by a cert thorized officer of the jurisdiction under	tificate of good standing duly authenticated by the secretary of state or othe which the foreign limited liability company was organized.		
		Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments and that all statements contained herein are true and correct.		
Date:	5-5-08	DFS-SPV LLC		
		Print Exact Name of Limited Liability Company Making Application		
		Signature of authorized person		
		Signature of authorized person		

# Delaware

# The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DFS-SPV L.L.C." 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-SECOND DAY OF MAY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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080592406

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 6610951

DATE: 05-22-08

You may verify this certificate online at corp.delaware.gov/authver.shtml



### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

