Filing Fee: \$150.00

ID Number: 1030



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

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1.	The name of the limited liability company is: Spring Street Home Loans LLC		
2.	The name, if different, under which it proposes to regist	er and transact business in Ri	node Island is:
3.	The limited liability company is organized under the law	s of Delaware	
4.			
5.			
6.	The address of the limited liability company's resident agent in Rhode Island is:		
	222 Jefferson Blvd., Suite 200	Warwick	, RI 02888
	(Street Address, <u>not</u> P.O. Box)	(Clty/Town)	(Zip Code)
	and the name of the resident agent at such address is	Registered Agent Solutions, Inc.	
		(Nama of	Agent)
7.	The secretary of state is appointed the agent of the for time there is no resident agent or if the resident agent of diligence.		
8.	The address of any office required to be maintained limited liability company is organized is:	in the state or other jurisdict	ion under the laws of which the
	32 W. Loockerman Street; Suite 201 Dover, DE 19904		
		the Military of the Control of the C	
9.	The mailing address for the limited liability company is:		* 4
	45 Rockefeller Plaza; Suite 420		
	New York, NY 10111		

Form No. 450 Revised: 12/05 FILED

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10.	Management of the Limited Liability Company: The limited liability company is to be managed by its members. (If you have checked this box, go to item no. 11.)			
A.				
	<u>or</u>			
В.	B. The limited liability company is to be managed by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)			
	<u>Manager</u>	<u>Address</u>		
J	ohn Lott	45 Rockefeller Plaza; Suite 420 New York, NY 10111		
M	artin Durney	45 Rockefeller Plaza; Suite 420 New York, NY 10111		
		rtificate of good standing duly authenticated by the secretary of state or other		
au	thorized officer of the jurisdiction unde	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	3/22/04	Spring Street Home Loans LLC Print Exact Name of Limited Liability Company Making Application By Signature of authorized person		

Delaware

PACE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPRING STREET HOME LOANS 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-EIGHTH DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPRING STREET HOME LOANS LLC" WAS FORMED ON THE THIRTIETH DAY OF JANUARY, A.D. 2007.

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

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Warret Smila Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5547084

DATE: 03-28-07