Filing Fee: $150.00

ID Number: 145200

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

05 JAN -6 AM 11:22

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION
(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-16-49 of the General Laws, 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:
   First Atlantic Mortgage Company, LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:
   Premier Atlantic Mortgage Co, LLC

3. The limited liability company is organized under the laws of Connecticut

4. The date of its organization is 11/20/98

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:
   1575 South County Trail (Street Address, **not** P.O. Box) East Greenwich (City/Town), RI 02818 (Zip Code)
   and the name of the resident agent at such address is Christopher J. Zangari, Esq (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 maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:
   55 Middletown Ave, North Haven, CT 06473

9. The mailing address for the limited liability company is:
   55 Middletown Ave, North Haven, CT 06473

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Revised: 01/99

FILED
JAN 06 2005
By KMC
M54742

10. The limited liability company is to be managed by:

(Check one box only)

☐ its members *or* ☒ by one (1) or more managers

11. If the limited liability company has managers at the time of filing this application, please list the name and address of each manager:

Manager	Address
Robert DeStefano	55 Middletown Ave, North Haven, CT 06473

12. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under 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: 12/30/04

First Atlantic Mortgage Company, LLC

Print Exact Name of Limited Liability Company Making Application

By Robert DeStefano

Signature of authorized person

61-66
Rev. 2/94

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that

FIRST ATLANTIC MORTGAGE COMPANY, LLC

organized under the laws of Connecticut as a Limited Liability Company, was filed in this office on November 20, 1998 and is in existence as of the date of this certificate.

Secretary of the State

Date Issued: October 22, 2004