		: 07210000		
	REFERENCE AUTHORIZATION COST LIMIT	Patricia	Pagints	97050
	: December 9, 199	<i></i> 7		6 PH 3:
	: 628261-055 O: 4300092	111 111 1		(A)
CUSTOMER:	Mr. Edward Meertin Schulte Roth & Zab 900 Third Avenue		200002:	373
	New York, NY 1002	2		

NAME:

CREDIT-BASED ASSET SERVICING

AND SECURITIZATION LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith

	2 *	
/	M97-85.	5
	Name Availability	16
	Document Examiner	
	Updater	
	Updater Verifyer	

## 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

Delaware		_ 3.		
(Jurisdiction under the law of liability company is organized			(FEI number, if applicable)	<u> </u>
July 3, 1996		_ 5.	Perpetual	
(Date of Orga	nization)		(Duration: Year limited liability company we exist or "perpetual"  ctions 608.501, 608.502, and 817.155, F.S.)	1113 -
Upon Filing.				9
(Date first transa	cted business in Florida.	(See se	ctions 608.501, 608.502, and 817.155, F.S.)	- C
335 Madison Avenue,	26th Floor		<u> </u>	
335 Madison Avenue, New York, NY 10017	-			
New York, NY 10017	(Street addr	-	rincipal office)	
New York, NY 10017  List name, title, busine who will manage the fair necessary)	(Street address of each oreign limited liab	mana	ging member[MGRM] or manager ompany in Florida: (attach addition	 M nal
New York, NY 10017  List name, title, busine	(Street addr	mana	ging member[MGRM] or manager	M nal
New York, NY 10017  List name, title, busine who will manage the fair necessary)	(Street address of each oreign limited liab	mana ility co	ging member[MGRM] or manager ompany in Florida: (attach addition	
New York, NY 10017  List name, title, busine who will manage the faif necessary)  NAME:	(Street address of each oreign limited liab)  TITLE:  Management	mana ility co	ging member[MGRM] or manager ompany in Florida: (attach addition ADDRESS: Madision Avenue, 26th Floor	
New York, NY 10017  List name, title, busine who will manage the faif necessary)  NAME:	(Street address of each oreign limited liab)  TITLE:  Management	mana ility co	ging member[MGRM] or manager ompany in Florida: (attach addition ADDRESS: Madision Avenue, 26th Floor	

# AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The	e undersigned member of authorized representative of a member of	Credit-Based	
Ass	set Servicing and Securitization LLC deposes and says:		
1)	the above named limited liability company has at least one member		
2)	the total amount of cash contributed by the member(s) is \$ 10,	000	
3)	if any, the agreed value of property other than cash contributed by m \$\_N/A\ A description of the property is attached as		
4)	the total amount of cash or property anticipated to be contributed by \$\frac{10,000}{}. This total includes amounts from 2 and 3 a		

Eric Feeman, Vice-President & Treasurer

Signature of a member or 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.)

Filing Fee: \$52.50 for 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, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:		Credit-Based Asset Servicing		
and Securitization LLC	C			
2. The name and addr	ess of the registered agent an	d office is:		
_	Orporation Service Company (Name)  1201 Hays Street (P.O. Box not as	cceptable)	97 DEC 16 PM 3:	SECRETARY OF ST DIVISION OF CORPORA
_	(City/State,		: 38	) F STATE PORATIONS

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.

By: Vi cli Streiber, 12/12/97

(SI WICKI SCHREIBER (Date)

ASSISTANT VICE PRESIDENT

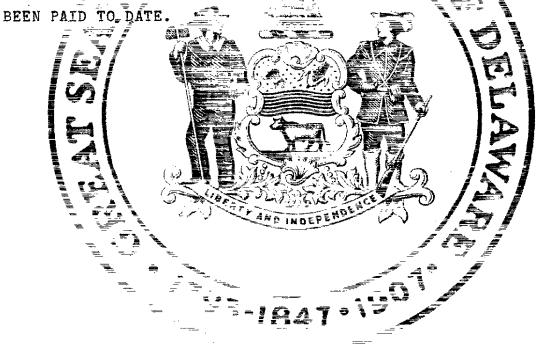
Filing Fee: \$35 for Designation of Registered Agent

#### State of Delaware

### Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CREDIT-BASED ASSET SERVICING AND SECURITIZATION 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 DECEMBER, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE TAXES HAVE





Edward J. Freel, Secretary of State

AUTHENTICATION:

8801643

DATE:

12-10-97