

LOS 0000 43434

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(Business Entity Name)

(Document Number)

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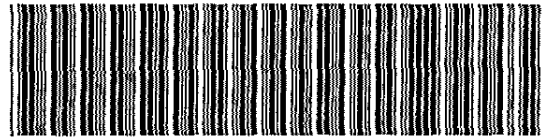
Special Instructions to Filing Officer:

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Office Use Only

WOS-21058



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04/21/05--01053--001 \*\*130.00

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05 MAY -3 PM 1:53  
SECTION OF THE STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations  
**SUBJECT:** Silver Lining Capital Management, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Clark Hendricks  
2611 Clark Road  
Hillsborough County  
Tampa, FL 33618

For further information concerning this matter, please call: Clark Hendricks at (813) 695-2631.

Fees submitted: \$130 – for Filing Fee and Certificate of Status

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 26, 2005

CLARK HENDRICKS  
2611 CLARK ROAD  
TAMPA, FL 33618

SUBJECT: SILVER LINING CAPITAL MANAGEMENT LLC  
Ref. Number: W05000021058

We have received your document for SILVER LINING CAPITAL MANAGEMENT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 21, 2005. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 405A00028693

SECRETARY OF STATE  
CALL SIGNIFICANT DOCUMENTS  
FLORIDA

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**ARTICLES OF ORGANIZATION**  
for  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**  
**NAME**

The name of the Limited Liability Company is Silver Lining Capital Management, LLC.

**ARTICLE II**  
**INITIAL PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Limited Liability Company is:

2611 Clark Road  
Tampa, FL 33618

**ARTICLE III**  
**REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

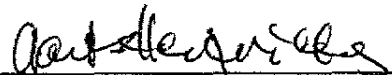
Clark Hendricks  
2611 Clark Road  
Hillsborough County  
Tampa, FL 33618

*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 as provided for in Chapter 608, F.S..*

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Registered Agent's Signature 

**ARTICLE IV**  
**MANAGER(S) OR MANAGING MEMBER(S)**

The name and address of each Manager or Managing Member is as follows:

Title	Name and Address
MGRM	Clark Hendricks 2611 Clark Road Tampa, FL 33618

MGR Nicholas Flaskay  
2305 S San Jose Circle  
Tampa, FL 33629-6439

MGR Lisa R. Weiss  
86 Ladoga Avenue  
Tampa, FL 33606-3833

MGR William N. Holt  
16418 Birkdale Drive  
Odessa, FL 33556-2805

MGR Gene Shaw  
8432 Boxwood Drive  
Tampa, FL 33615

**ARTICLE V**

The effective date of this organization is MAY 4, 2005.

**REQUIRED SIGNATURE:**

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Lisa R. Weiss, Member  
86 Ladoga Avenue  
Tampa, FL 33606  
April 4, 2005

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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