206000005858

(Requestor's Name)							
(Address)							
, amoun,							
(Address)							
(City/State/Zip/Phone #)							
(Our outer print notice #)							
PICK-UP WAIT MAIL							
(Burste La Falle Maria)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
L							

Office Use Only



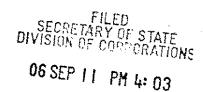
600078916606

08/23/06--01018--005 **78.75

SECRETARY TO TAKE DIVISION OF SEP 11 PM 4: 03

No6-37591





August 25, 2006

KRISTEN P. ARSENAULT 1005 AQUIDNECK AVENUE MIDDLETOWN, RI 02842

SUBJECT: LINEAR TITLE & CLOSING, LTD, INC.

Ref. Number: W06000037591

We have received your document for LINEAR TITLE & CLOSING, LTD, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

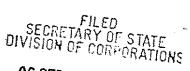
The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6972.

Letter Number: 106A00052302

Doris Brown Document Specialist



COVER LETTER

06 SEP 11 PM 4: 03

TO:	New Filing Section Division of Corporations			
SUBJ	ECT: LINEAR TITLE & CL	OSING,	LTD	
		corporation	- must include suffix)
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Corporicate of Existence," and check are subnit business in Florida.			
Please	return all correspondence concerning th	nis matter to	the following:	
Krist	en P. Arsenault			
	((Name of P	erson)	
LINE	EAR TITLE & CLOSING, L	TD		
	((Firm/Com	pany)	
1005	Aquidneck Avenue			
		(Addres	ss)	
Midd	lletown, RI 02842			
	(Ci	ity/State an	d Zip code)	
For fur	ther information concerning this matter	, please cal	1:	
Kriste	en P. Arsenault	954	438-1371	
	(Name of Person)		de & Daytime Telep	hone Number)
	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING A New Filing S Division of C P.O. Box 633 Tallahassee,	Section Corporations 27
Enclose	ed is a check for the following amount:			
\$7 0.	00 Filing Fee \$78.75 Filing Fee Certificate of Sta		78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	IN CORPORATION TO TRANSA	CT E	TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.	21 SEC
	Title & Closing, I		" "COMPANY," "CORPORATION,"	93
	"Inc," "Co," or "Corp.")	,	Constituti, Constitution,	
(If name unavailable i	n Florida, enter alternate corporate t	name	adopted for the purpose of transacting business in Florida)	PH 1: 03
Rhode Is	sland	3.	20-2137313	03
(State or country under	r the law of which it is incorporated))	(FEI number, if applicable)	
12/31/20	004	_ 5.	Perpetual	
(Date of in	ncorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
			and the second s	
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
1005 Agı	uidneck Avenue, Midd			
	(Principal office	e addi	ress)	
1005 Aqu	uidneck Avenue, Midd			"
	(Current mailing	g add	ress)	
			and closing services. ountry to be carried out in state of Florida)	
	dress of Florida registered agent:		·	
Name:	C T Corporation System			o . 27
ffice Address:	1200 South Pine Island Road	đ		
THE Address.				* -
mice Address:	Plantation		Florida 33324	* =
mice Address:	Plantation (City)		, Florida	
). Registered agent' aving been named as esignated in this appl arther agree to compl	(City) s acceptance: s registered agent and to accept : lication, I hereby accept the appe	ointn tes re	(Zip code) ce of process for the above stated corporation at the panent as registered agent and agree to act in this capacelative to the proper and complete performance of my	ity. I
). Registered agent' aving been named as esignated in this appl arther agree to compl	(City) s acceptance: s registered agent and to accept: lication, I hereby accept the appo	ointn tes re	(Zip code) ce of process for the above stated corporation at the parent as registered agent and agree to act in this capacelative to the proper and complete performance of my sition as registered agent.	ity. I
). Registered agent' aving been named as esignated in this appl arther agree to compl	(City) s acceptance: s registered agent and to accept: lication, I hereby accept the appoint by with the provisions of all statu a and accept the obligations of m	ointn tes re	(Zip code) ce of process for the above stated corporation at the panent as registered agent and agree to act in this capacelative to the proper and complete performance of my	ity. I

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

12. Names and business addresses of officers and/or directors:		DIVECRETABLED			
A. DIRECTORS		ON 1510N OF	RY OF STATE		
Chairman: Nick Liuzza		06 SEP 11			
Address: 1005 Aquidneck Avenue, Middletown, RI 02842			¹ 7 4: 03		
	- 2	أ يشير	ata et jarajes		
via Chriman Mark Bargort	and the second		MA To		
36 Washington Square Newport DI 02840		,			
	· · · · · · · · · · · · · · · · · · ·		के प्रतिक प्रतिकृ		
Director:					
		to the second	The Fact of the State of the S		
Address:	F 17	7	, - 		
Director:			- 47 		
	in in the second	51 <u>±</u> 1 § ↓	,		
Address:					
D OFFICEDS			,		
B. OFFICERS President: Nick Liuzza					
Address: 1005 Aquidneck Avenue, Middletown, RI 02842	. •⁄		\$7.50 SE 45.		
Address;			÷35.		
Mark Hardort			, , , , , <u>, , , , , , , , , , , , , , </u>		
Address: 36 Washington Square, Newport, RI 02840			<u> </u>		
Address: OO Washington Equals, Newport, 14 02040	States of the State				
					
Secretary:	3 120		71 11 4 1 1 1 A		
Address:	, F. F. (*) 1974 N	***			
Treasurer:	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
Address:					
NOTE: If necessary, you may attach an addendum to the application listing add	litional officer	s and/or directo	rs		
13	VIIIVI				
(Signature of Director or Officer listed in number 12 of the	e application)		 . ,		
_{14.} Nick Liuzza, President					
(Typed or printed name and capacity of person signing	application)				

* * * * * * *



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State DIVISIONE

. Matthew A. Brown

Secretary of State

06 SEP // PM 4: 03

The Office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

Linear Title & Closing, Ltd.

a Rhode Island corporation, filed articles of incorporation in this office on the 31st day of December, 2004 with an effective date of the 1st day of January, 2005; and

IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED this twentieth day of July, A.D. 2006.

Matter Brown
Secretary of State

By Islandontonelli

