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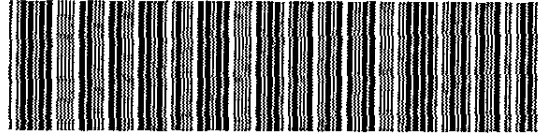
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 OCT 23 PM 2:03

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EFFECTIVE DATE

10-17-06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SILVERLINE TITLE & TRUST, LLC.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denise Bittner

(Name of Person)

Quicksilver Capital, Inc.

(Firm/Company)

752 Commerce Dr Ste 14

(Address)

Venice FL 34292

(City/State and Zip Code)

For further information concerning this matter, please call:

Denise Bittner

(Name of Person)

at (

941) 915-8389

(Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 OCT 23 PM 2:03

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Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE
10-17-00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SILVERLINE TITLE AND TRUST, LLC.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

752 Commerce Dr Ste 14
Venice FL 34292

same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Denise Bittner
Name

8201 Midnight Pass Rd.
Florida street address (P.O. Box NOT acceptable)

Sarasota FL 34242
City, State, and Zip

EFFECTIVE DATE
10-17-06

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Gene Bittner
8201 Midnight Pass Rd
Sarasota FL 34242

MGR

Denise Bittner
8201 Midnight Pass Rd
Sarasota FL 34242

MGRM

Janet McGovern
3412 Clark Rd, PMB 15
Sarasota, FL 34231

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/17/06 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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.)

Denise Bittner

Typed or printed name of signee

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)

FILED
06 OCT 23 PM 2:03
CLERK OF STATE
TALLAHASSEE, FLORIDA