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CAPITAL CONNECTION, INC.

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ARTICLES OF ORGANIZATION FOR

MISSISSIPPI TITLE, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is MISSISSIPPI TITLE, LLC

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is 1819 Main St., Suite 302, Sarasota, FL 34236

ARTICLE III: MANAGEMENT

The company will a manager managed Limited Liability Company.

ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Evan N. Berlin, Esq., Berlin Law Firm, P.A., 1819 Main Street, Suite 302, Sarasota, FL 34236

ARTICLE V: MANAGERS AND MANAGING MEMBERS

The name and address of the initial Managers and Managing Members of the company is:

Evan N. Berlin, Manager, 1819 Main St., Suite 302, Sarasota, FL 34236

Amanda L. Carbonneau, Managing Member, 1819 Main St., Suite 302, Sarasota, FL 34236

The undersigned has executed these Articles of Organization this 24th day of October 2007.

"Your Capital Connection, Inc. by, Weimar Lopez, Client Representative"

Authorized Representative

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608,415. Florida Statutes, the mentioned company, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida,
1. The name of the company is: MISSISSIPPI Title, LLC.
2. The name and address of the registered agent and office is: FVAN N. Berlin, Esc
2. The name and address of the registered agent and office is:
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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 OUTIES AND I AM
FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.