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(Re	questor's Name)	
(Add	dress)	
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SLORE TARY OF STAIT DIVISION OF CORPORATIONS

## COVER LETTER

	Registration Section  Division of Corporations
SUBJEC	T: Silver Liriah Ventures LLC.  Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Tamara A. Prainito  Name of Person
	Name of Person
•	Firm/Company
	13240 Amerigo Lane
	- 11641600
	Venice FL 34793  City/State and Zip Code  tamaraprainito @ gmail-Com  E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	Tamara Prainito at 248 Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Silver Liriah Ventus (Must end with the words "Limited Liability Com	
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin	nited Liability Company is:
Principal Office Address:	Mailing Address:
12 2110 Ages (22) Land	13 210

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:

Tamara A. Prainito

Name

13240 Amerigo Lane

Florida street address (P.O. Box NOT acceptable)

Venice FL 34293

City State Zip

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 605, F.S..

(CONTINUED)

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DIVISION OF CORPORATIONS

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  M G R	Tamara A. Prainito 13240 America Lane Venice, FL 34293
MGR	Mark A. Prainito 13240 Amerigo Lane Venice, FL 34293
<del></del>	
(Use attachment if necessary)	(OPTIONAL)
ICLE V: Effective date, if other than the confective date is listed, the date must be ate of filing.)  If the date inserted in this block does not be at the date inserted in the date inserted in the date inserted in the date in the dat	date of filing: (OPTIONAL)  e specific and cannot be more than five business days prior to or 90 days a  not meet the applicable statutory filing requirements, this date will not be listed  nent of State's records.
ICLE V: Effective date, if other than the oneffective date is listed, the date must be ate of filing.)	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be listed
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)