Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number -: (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 -: (305) 674-3313 Phone

Fax Number : (305)675-2811

LIMITED LIABILITY COMPANY

Dovetail Estate Sales LLC

Certificate of Status	0
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

Dovetail Estate Sales LLC

ARTICLE II: Address

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

4317 SW 80th Street

Gainesville, Florida 32608

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED

AGENT SIGNATURE

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

Camille M. Huie

4317 SW 80th Street

Gainesville, Florida 32608

Having been named as registered agent 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.

Camille Mobile

Camille M. Huie /Registered Agent's Signature

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ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

MANAGING MEMBER

Camille M. Huie

4317 SW 80th Street

Gainesville, FL 32608

MANAGING MEMBER

Pauline Jessup

2520 NW 10th Avenue

Gainesville, FL 32605

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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.)

Camille M. Huie

Typed or printed name of signee

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SECRETARY OF STATE
ANASSEE, FLORIT