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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GARVINE Auction (Name of Limited Li	APPRAISAL LLC ability Company)
The enclosed Articles of Organization and fee(s) are submit	itted for filing.
Please return all correspondence concerning this matter to	the following:
WAYNE GARVII	VC e of Person)
GARVINE Auction &A	PPRAISA/
1217 Cook Mill	Rd ddress)
BONIFAY F/. (City/State	32425 and Zip Code)
For further information concerning this matter, please call: WAYNE GARVINE at ((Name of Person)	850 547-0448 5 T
Enclosed is a check for the following amount:	(1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2
	1 \$155.00 Filing Fee & S160.0 Filing Fee, certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: CARVINE AUCTION & APPRAISAL LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE I - Name:

Principal Office Address:

1217 Cook Mil/Rd BONIFAY - F/ 3242	-SAME	EFFECTIVE DATE
ARTICLE III - Registered Agent,	Registered Office, & Registered Age	ent's Signature:
The name and the Florida street addr	ress of the registered agent are:	PIL 05 NAR 10 TALLFA
	OOK MULRA. rida street address (P.O. Box <u>NOT</u> acceptable	

BONIFAY 1 FL, 32425

Mailing Address:

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..

Wayle Sarvie,
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

The name and address of each Manager of	or Managing Member is as follows:	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	WAYNE GARVINE 1217 COOK M. U.Rd BONIFAY, F1, 32425	
MGRM	Ellie GARVINE 1217 COOK MILL Rd BONIFAY, FI 32425	<u> </u>
		<u> </u>
(Use attachment if necessary)		
NOTE: An additional article must be REQUIRED SIGNATURE:	added if an effective date is requested. APRIL 1, 2005	
Signature of a member or	an authorized representative of a member.	
(In accordance with section of this document constitute	n 608.408(3), Florida Statutes, the execution san affirmation under the penalties of perjury in are true.)	05 II.R
WAYNE GA Typed	or printed name of signee	FILED
Filing Fees:	CORN	### 5 4
✓\$125.00 Filing Fee for Articles of Organiza of Registered Agent \$ 30.00 Certified Copy (Optional) ✓\$ 5.00 Certificate of Status (Optional)	ition and Designation	<u>+</u>