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(Re	questor's Name)	. //
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	<i>,</i>
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SECRETARY OF STATE
TALL AHASSEF, FLORIO

Office Use Only

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SUBJECT: GILLN	MAN APPRAISAL	SERVICES, LLC	
	(Name of Limite	ed Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
T. Patrick	Gillman		
	(Name of Person)	
Gillman A	ppraisal Services	s, LLC	
		(Firm/Company)	
837 Woo	d Briar Loop		
		(Address)	· · · · · · · · · · · · · · · · · · ·
Lake For	est, FL 32771		
		/State and Zip Code)	
For further information	concerning this matter, please	call:	
T. Patrick Gillm	nan	at (407) 688-90	83
	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check fo	r 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
GILLMAN APPRAISAL SERVICES, LLC (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
837 Wood Briar Loop Lake Forest, FL 32771	837 Wood Briar Loop Lake Forest, FL 32771
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	
Name	HET W
837 Wood Briar Loop	
Lake Forest, City, State, a	
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

"MGRM" = Managing Member	T. Datrick Cilleron
MGR	T. Patrick Gillman 837 Wood Briar Loop
	Lake Forest, FL 32771
Name and the Address of the Address	
(Use attachment if necessary)	
CLE V: Effective date, if other than t	he date of filing: November 6, 2006 (OPTIONA be specific and cannot be more than five business day

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.)

T. Patrick Gillman

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)