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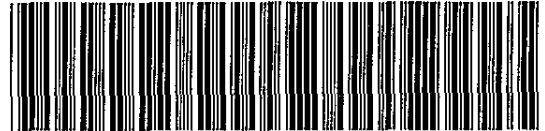
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAW OFFICE OF I. MICHAEL TUCKER, P.L.C.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

I. MICHAEL TUCKER  
(Name of Person)

LAW OFFICE OF I. MICHAEL TUCKER, P.L.C.  
(Firm/Company)

SunTrust Bank Building, 498 Palm Springs Drive, Suite 100  
(Address)

Altamonte Springs, Florida 32701  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

I. MICHAEL TUCKER at ( 407 ) 977-8836  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 5, 2004

I. MICHAEL TUCKER  
SUNTRUST BANK BUILDING  
498 PALM SPRINGS DRIVE SUITE 100  
ALTAMONTE SPRINGS, FL 32701

SUBJECT: LAW OFFICES OF I. MICHAEL TUCKER, P.L.C.  
Ref. Number: W04000013118

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TALLAHASSEE, FLORIDA

We have received your document for LAW OFFICES OF I. MICHAEL TUCKER, P.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 604A00022080

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LAW OFFICE OF I. MICHAEL TUCKER, P.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

SUNTRUST BANK BUILDING

498 PALM SPRINGS DRIVE, SUITE 100

ALTAMONTE SPRINGS, FLORIDA 32701

**Mailing Address:**

SUNTRUST BANK BUILDING

498 PALM SPRINGS DRIVE, SUITE 100

ALTAMONTE SPRINGS, FLORIDA 32701

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

I. MICHAEL TUCKER

Name

SunTrust Bank BLDG, 498 Palm Springs Drive, Suite 100

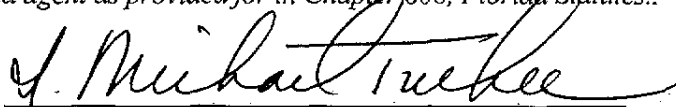
Florida street address (P.O. Box NOT acceptable)

Altamonte Springs FLORIDA 32701

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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, Florida Statutes..*



Registered Agent's Signature

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

I. MICHAEL TUCKER, SunTrust Bank Bldg.

498 Palm Springs Drive, Suite 100

Altamonte Springs, Florida 32701

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**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.)

I. MICHAEL TUCKER

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

#### **ARTICLE V – Professional Limited Liability Company**

This limited liability company shall be a professional limited liability company under Florida statutes chapter 621. The business of the company is limited to the one profession of practicing law and no person or entity shall be admitted as a member unless he, she or it is qualified to practice this profession. Further, no interest can be sold except to someone so qualified.

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