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SECRETARY OF STATE TALLAHASSEE, FLOWDA

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## TRANSMITTAL LETTER

2805 MAY -4 P 12: 39 TO: Registration Section SECRETARY OF STATE TALLAHASSEE, FLORIDA Division of Corporations SUBJECT: Tucker Properties GO-B, LLC (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: Robert Tucker (Name of Person) (Firm Company) 3524 NW 63rd Place (Address) Gainesville, FL 32653 (City/State and Zip Code) For further information concerning this matter, please call: at ( 352 Xiangdong Tucker (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount: 3 \$125.00 Filing Fee **Ø** \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

> 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	ZEOREJARY OF STAT TALLAHASSEE, FLORI	
Tucker Properties GO-B, LLC		
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
3524 NW 63rd Place	3524 NW 63rd Place	
Gainesville, FL 32653	Gaînesville, FL 32653	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the 1 Robert Tucker	, , ,	
Name		
3524 NW 63rd Place		
Florida street address (P.O. Box NOT acceptable)		
Gainesville, FL 32653	FL	
City, State, a	and Zip	
	accept service of process for the above stated limited his certificate, I hereby accept the appointment as	

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..

Robert R. Tucker

Registered Agent's Signature

(CONTINUED)

ARTIČLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: 2005 MAY -4 P 12: "MGR" = Manager "MGRM" = Managing Member SECRETARY OF STAT TALLAHASSEE, FLORI Robert TUcker MGRM 3524 NW 63rd Place Gainesville, FL 32653 (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.)

Robert Riley Tucker

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)

S 5.00 Certificate of Status (Optional)