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(B	usiness Entity Nam	e)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tuckers Old Fashion Frozen Custard 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:
James E. Tucker (Name of Person)
Tuckers Old Fashion Frozen Custard LLC (Firm/Company)
52 Riley Road 412 (Address)
Celebration, Florida 34747 (City/State and Zip Code)
For further information concerning this matter, please call:
James E. Tucker at (815) 325-7700 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$Certified Copy (additional copy is enclosed) \$\bigcup \\$Cer

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

Tuckers old Fashion Frozen Custard LLC

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
52 Riley Road 412 Celebration, Florida 34747	52 Riley Road 412 Celebration, Florida 34747
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	gistered agent are:
JAMES & Ticker Name	
52 Riley Rd #41/2 Florida street addr	ess (P.O. Boy NOT acceptable)
Celebration City, State, an	FL 34747
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	ccept service of process for the above stated limited is 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 ered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Page 1 of 2

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

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

	·	
<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing M	lember	
m GR M	James E. Tucker 52 Riley Road 412 Celebration, Florida 347	- 1 7
m GR M	Nicole A. Tucker 52 Riley Road 412 Celebration, Florida 3474	- [7
		- -
		- -
(Use attachment if necess	sary)	-
NOTE: An additional a	article must be added if an effective date is requested.	
REQUIRED SIGNATU	TRE: Ticole A. Jucker	
(In acco	redance with section 608.408(3), Florida Statutes, the execution ocument constitutes an affirmation under the penalties of perjury le facts stated herein are true.)	
_N	Typed or printed name of signee	05
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)

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