105000083143

(Requestor's Name)	
(Address)	
(Address)	
(
City Court File (D)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Essentially Hamiley	
(Document Number)	
Certified Copies Certificates of Status	
Considerations to Filling Office	
Special Instructions to Filing Officer:	

Office Use Only



200058761132

08/23/05--01029--007 **160.00

DELICITATE STATE S

TALLAHASSEE, FLORIOM

M08/23/05

02 VNC S3 VW 10: S1

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Tucker Property Maintenance LL.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:		
Tim Tucker (Name of Person)		
Tucker Property Maintenance LLC. Fir &		
(Address) (Firm/Company) ALT 23 SSE 23 (Address)		
Crawbordville Fla 32327 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Tim Tucker at (850) 591-85 P3 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (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:
Tucker Property Maintenance LLC.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
60 Provo Place 60 Provo Place Ceawforduille fla 32327 Crawforduille fla 32327
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature
The name and the Florida street address of the registered agent are: Im veker
68 PRovo Place Florida street address (P.O. Box NOT acceptable)
Crawfordville FL 32327 City, State, and Zip

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..

Registered Agent's Signature

(CONTINUED)

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MBRM	Tim Tocker
	60 PROVO Place
	Crawford ville fla 32327
U C O M	A
MGRM	Hraela Tucker
	Crawfordulle, FL 32327
	Com totavitie, 10 sacos 1
·	
(Use attachment if necessary)	700
• •	Life of
NOTE: An additional article must	be added if an effective date is requested. AUG 23
	PA 22
REQUIRED SIGNATURE:	OSEX S
	SEE. F. S. C.
Signature of a member	er or an authorized representative of a member.
V	2r
of this document const	ction 608.408(3), Florida Statutes, the execution

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee