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ALLAHASSEE, FLORIDA

D. BRUCE
JUL 0 2 2012
EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJE	Tuk Tuk of South Florida			
SCEC	Name of Limited Liability Company			
The en	osed Articles of Organization and fee(s) are submitted for filing.			
Please	turn all correspondence concerning this matter to the following:			
	/lichael D. Burge Jr.			
	Name of Person			
	Tuk Tuk of South Florida		····	
	Firm/Company			
	5A 12th Avenue			
	Address	15	75	
I	ey West, FL 33040	LAH	· <u> </u>	
	City/State and Zip Code	ASS	JUN 28	-
-	ndburgejr@gmail.com E-mail address: (to be used for future annual report notification)	_ 	=	tes
For fur	er information concerning this matter, please call:	7.08 108 108 108 108 108 108 108 108 108 1		· ·
Mich	el D. Burge Jr. at (305) 896-3458	IDA	<u></u>	
	Name of Person Area Code & Daytime Telephone Numb	er		
Enclos	d is a check for the following amount:			
\$125.00	Certificate of Status Certified Copy Certification (additional copy is enclosed) Certified	Filing Fe te of Statu Copy copy is end	ıs &	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:
Tuk Tuk of South Florida L	LC.
(Must end with the words "Limited	Liability Company, "L.L.C.," or "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:
5A 12th Avenue	5A 12th Avenue
Key West, FL 33040	Key West, FL 33040
	stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another f the registered agent are: Jr. Name
Michael D. Burge	Jr.
	Name SET CO
5A 12th Avenu	ue Es E
Florida str	eet address (P.O. Box NOT acceptable)
Key West	FL 33040
C	lity, 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 (REQUIRED)

(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:

"MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MGRM	Michael D. Burge Jr.
	5A 12th Avenue
	Key West, FL 33040
MGRM	Maureen K. Burge
	5A 12th Avenue
	Key West, FL 33040
MGRM	Saundra Gail Wyatt
	134 Park Place
	Harriman, TN 37748
	
(Lice attachment if necessary	Λ
(Use attachment if necessary	y)
CLE V: Effective date, if other	r than the date of filing: 6/26/2012 . (OPTIONAL)
CLE V: Effective date, if other	r than the date of filing: 6/26/2012 . (OPTIONAL) e must be specific and cannot be more than five business days p
CLE V: Effective date, if other effective date is listed, the date	r than the date of filing: 6/26/2012 . (OPTIONAL) the must be specific and cannot be more than five business days production in the specific and cannot be more than five business days production.
CLE V: Effective date, if other effective date is listed, the date 0 days after the date of filing. REQUIRED SIGNATURE	r than the date of filing: 6/26/2012 . (OPTIONAL) e must be specific and cannot be more than five business days p
CLE V: Effective date, if other effective date is listed, the date 0 days after the date of filing. REQUIRED SIGNATURE Signature of the date of filing.	than the date of filing: 6/26/2012 (OPTIONAL) e must be specific and cannot be more than five business days p
CLE V: Effective date, if other effective date is listed, the date of days after the date of filing. REQUIRED SIGNATURE Signature of the date of filing accordance with seconstitutes an affirm I am aware that any constitutes a third determined the seconstitutes at third determined the seconstitutes at	than the date of filing: 6/26/2012 (OPTIONAL) e must be specific and cannot be more than five business days p f a member or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true false information submitted in a document to the Department of State

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)