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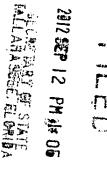
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT SEP 13 2012
EXAMINER

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TUCKERS CUSTOMS 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:
Marshall Craig Naley Nam of Person
Firm/Company  1630 Julia St.
Address
City/State and Zip Code  Parker 1510 & yahoo · com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Craig Walty at 904 314-2432  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$  Certificate of Status \$\text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$
Mailing Address   Street/Courier Address   Registration Section   Division of Corporations   P.O. Box 6327   Tallahassee, FL 32314   Z661 Executive Center Circle   Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:	<b>1</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1
Tuckers Custom LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		
(mist old will ble word). Enlanced Educativy Company, 2.2.6., or 226.		
ARTICLE II - Address:	300	0
The mailing address and street address of the principal office of the Limited	Liability Comp	any is:
Principal Office Address: Mailing Address:		
1630 Julia St. 1630 Julia Green Cove Springs FL 32043 Green Cove Spr	St. imas Fc. =	s <b>a</b> 043
ARTICLE III - Registered Agent, Registered Office, & Registered Agen (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an incommendation business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:		
Laurie Wright		
1630 Julia St.		

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..

Green Gusp FL 32043
City, State, and Zip

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

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(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 Member	
MGRM	Marshall Crain Haley
	Green Cove Spr. FL, 32043
	<u> </u>
	<b>2812</b>
	2
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: Sept. 1, 2012. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

#### **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 am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

11 Tucker Craig

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)