

NA3000007662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

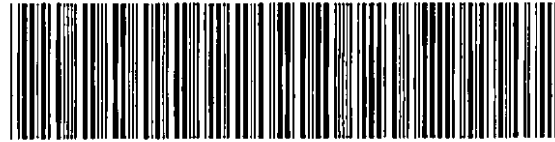
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

NA3000085529

Office Use Only



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6/24/23

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2023 JUN 19 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2023 JUN 19 AM 6:10

SECRETARY OF STATE  
TALLAHASSEE, FL

6/24/23

**CORPORATE  
ACCESS,  
INC.**

When you need ACCESS to the world

70

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** MISTY 6/19

**CERTIFIED COPY**

**XX PHOTOCOPY**

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**XX FILING**

**INC**

**TUCKER PRESERVE, INC**

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Corrected

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 21, 2023

CORPORATE ACCESS, INC

SUBJECT: TUCKER PRESERVE, INC.  
Ref. Number: W23000085529

We have received your document for TUCKER PRESERVE, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The state of Florida requires a nonprofit organization to have at least three directors. If there is one (1) director there must be three (3) directors. There can be a president and vice president.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Karen Lovelace  
Regulatory Specialist II

Letter Number: 923A00014011

FILED  
2023 JUN 19 AM 6:10  
SECRETARY OF STATE  
TALLAHASSEE, FL  
RECEIVED  
2023 JUN 26 AM 10:03  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: TUCKER PRESERVE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:  
1505 E. ROBINSON STREET

ORLANDO, FL 32801

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The general purpose of this Association is to promote the common interests of the property owners in Tucker Preserve (the "Community"), and the specific purpose is to perform the functions of the Association contemplated in the Declaration for the Community to be recorded in the public records.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

majority vote by association members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LAWSON LAMAR II, PRESIDENT

Address: 1505 E. ROBINSON STREET  
ORLANDO, FL 32801

Name and Title: JESSE McKINNON, VP

Address: 1505 E. ROBINSON STREET  
ORLANDO, FL 32801

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 JUN 19 AM 6:10

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LAWSON LAMAR II

Address: 1505 E. ROBINSON STREET

ORLANDO, FL 32801

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LAWSON LAMAR II

Address: 1505 E. ROBINSON STREET

ORLANDO, FL 32801

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:*

  
\_\_\_\_\_  
Required Signature of Registered Agent

6/16/23  
\_\_\_\_\_  
Date

*I submit this document and affirm 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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

6/16/23  
\_\_\_\_\_  
Date