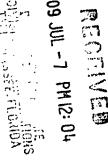
(Requestor's Name) (Address)		
(Address)	200157517	
(City/State/Zip/Phone #)	07/07/09010170	
(Business Entity Name)		
(Document Number) Certified Copies Certificates of Status	A SEE FLORIDA	
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COVÁR LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Tucker Services (PROPOSED CORPORA	TE NAME MUST INCL	line cliebiy)
(PROPOSED CORPORA	TIE NAME – <u>MOST INCL</u>	<u>ode soffix</u>)
Enclosed are an original and one (1) copy of the art	icles of incorporation and	a check for:
☐ \$70.00 ☐ \$78.75 Filing Fee Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
	ADDITIONAL CO	Status PY REQUIRED
FROM: Steve Turker Name		
Crawford ville City,		27
850 - 421-52 Daytime T		notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	•
ARTICLE I NAME The name of the corporation shall be: Tucker Services,	
The name of the comment of the little of the	
The name of the corporation shall be: 10cker Services	Inc.
·	
ARTICLE II PRINCIPAL OFFICE	
The principal street address and mailing address, if different is:	
135 Savannah RD	
Crawfordville FL, 32327	
	•
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
any and lawfull Bossness	–
	SEC
ARTICLE IV SHARES	≥ 2 ≥ •••
The number of shares of stock is: /	77 F
	SS 7
ADMICI B. II. INTOIAL OFFICERS AND OR DIDECTORS	-7 PM -7 PM ASSEEJ
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
Stere Tucker	PHIZ: 20
135 Squannay RD 32327	PHI2: 20 OF STATE EF.FLORID
CEO	B
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the reg	sistered agent is:
Stove Tircker	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Steve Tucker 135 Swamen RD	
Crawford ville FL, 32327	
ARTICLE VII INCORPORATOR	• •
The <u>name and address</u> of the Incorporator is:	
SteveTucker	
135 Savanneh RD	•
Crawfordville FL 32327	*******
· · · · · · · · · · · · · · · · · · ·	
Having been named as registered agent to accept service of process for the place designated in this certificate, I am familiar with and accept the app	
agree to act in this capacity	mulia de la registerea agent ana
Λ.	
How Tech	7/7/09
/ Signature/Registered Agent	Date
1 - 1 - 1	7/7/29
Signatura/Incomparator	Date
Signature/Incorporator	Date

. . .

Peterson, Eula

From: Varnadore, RoseAnn

Sent: Monday, July 06, 2009 9:32 AM

To: Burch, Tim; Cunningham, Wanda; Dunlap, Ruby; Golden, Claretha; Ingram, Valerie; McKnight,

Rebecca; Peterson, Eula; Poole, Loria; Shivers, Justin; White, Dale

Cc: Cushing, Diane; Dickey, Maryanne; Prather, Stacy; Varnadore, RoseAnn

Subject: Reply with your initials that you understand

Effective immediately July 6, 2009 ****please print out if you need to be reminded.

Notes must be approved by me. If I am not available but the document aside or get your Supervisor to take the filing until I am available.

The notes some of you are putting on the filings are incorrect.

When you email me you need to send the tracking number and w number as well as WHAT YOUR NOTE SAYS.

If you have questions please come ask.

RoseAnn Varnadore Senior Section Administrator ph. 850-245-6052 fx. 850-245-6804

Please take a few minutes to provide feedback on the quality of service you received from our staff. The Florida Department of State values your feedback as a customer. Kurt Browning, Florida's Secretary of State, is committed to continuously assessing and improving the level and quality of services provided to you. Simply click on the link to the "DOS Customer Satisfaction Survey." Thank you in advance for your participation. <u>DOS Customer Satisfaction Survey</u>.