

P/60000/5211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

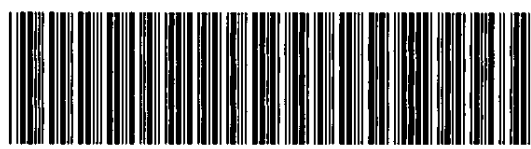
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
DEPT OF CORPORATIONS
16 FEB 15 PM 2:53

W15-081549

02/17/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2015

CAROLYN TUCKER
4236 MELROSE AVE.
JACKSONVILLE, FL 32210

SUBJECT: TUCKER& COMPANY
Ref. Number: W15000081549

We have received your document for TUCKER& COMPANY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P10000015757 (TUCKER, INCORPORATED).

Please return the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 215A00026643

Original

COVER LETTER

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

SUBJECT: Tucker & Company

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: CarolynKay Tucker

Name (Printed or typed)

4236MelroseAvenue

Address

JacksonvilleFlorida,32210

City, State & Zip

904-945-8035

Daytime Telephone number

carolyn@thetuckerco.com

E-mail address: (to be used for future annual report 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 & Company~~ Carolyn Tucker, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 4236 Melrose Avenue
Jacksonville FL 32210

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Consulting and administrative services

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Carolyn Tucker, Chair</u>	Name and Title:	_____
Address	<u>4236 Melrose Avenue</u> <u>Jacksonville FL 32210</u>	Address:	_____ _____

Name and Title:	_____	Name and Title:	_____
Address	_____ _____	Address:	_____ _____

Name and Title:	_____	Name and Title:	_____
Address	_____ _____	Address:	_____ _____

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: Carolyn Tucker
 Address: 4236 Melrose Avenue
Jacksonville FL 32210

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Carolyn Tucker
 Address: 4236 Melrose Avenue
Jacksonville FL 32210

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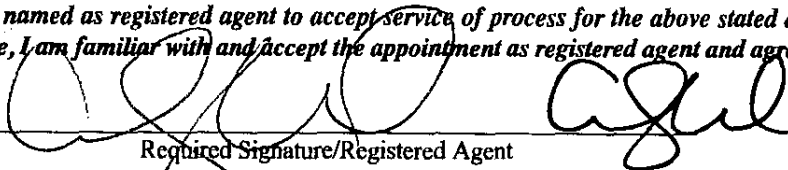
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: December 7, 2015. (OPTIONAL)

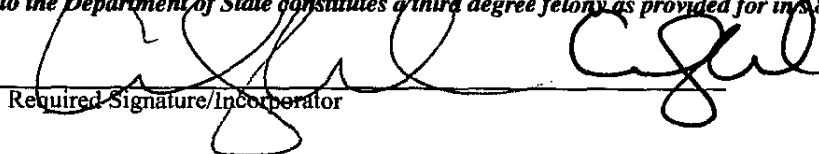
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 2/21/15
 Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

 2/21/15
 Required Signature/Incorporator Date