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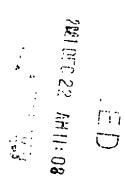
| (Requestor's Name) | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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1883 W. Royal Hunte Dr. Suite 200 Cedar City, Utah 84720 Phone 435-586-9366 Fax 435-586-9491 Janey Gurr, Paralegal janey,gurr<u>@kkoslawyers.com</u>

December 21, 2021

Department of State Division of Corporations The Center of Tallahassee 2415 N. Monroe Street Suite 810 Tallahassee, FL 32303

To Whom It May Concern:

Enclosed for processing are duplicates of the Articles of Incorporation for a Non Profit for **Heroic Adventures**, **Inc.** Also enclosed is a check in the amount of \$125.00 to cover the filing fee.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

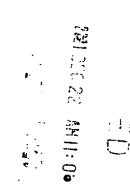
Thank you for your anticipated attention to this matter.

Very truly yours,

KYLER KOHLER OSTERMILLER & SORENSEN, LLP

Janey Gurr, Paralegal

Enclosure



ARTICLES OF INCORPORATION

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

| | NAME corporation shall be: Heroic Adventures. In | ıc. | | | |
|------------------------------------|--|---------------------|--|--------------|----|
| ARTICLE II | PRINCIPAL OFFICE | | | | |
| 1883 V | Principal <u>street</u> address: V. Royal Hunte Drive, Suite 200A | | Mailing address, if different is: | | |
| Cedar | City, UT 84720 | | | | |
| | PURPOSE which the corporation is organized is: The proses, including, for such purposes, the management of the purposes of the management of the purposes of the management of the purposes of the purpose of the purpos | | | | |
| organizations u | nder section 501(c)(3) of the Internal Reve | nue Code of 1986 | ("IRC"), or the corresponding section of | • | · |
| any future feder | ral tax code, and without limiting the foreg | oing, the corporat | ion is further organized to: support veter | ins | |
| mental and phy | sical health through recreational fishing ex- | cursions. | | | |
| ARTICLE V Name and Title Address | INITIAL OFFICERS AND/OR DIRECT Michael Ott, President | ORS Name and Title | Liette Black, Treasurer | . <u>(</u> 2 | |
| | 1883 W. Royal Hunte Drive, Suite 200A | _ Address: | 1883 W. Royal Hunte Drive, Suite 2007 | | |
| | Cedar City, UT 84720 | | Cedar City, UT 84720 | 22 33G 13E | ! |
| Name and Title | James Schrader, Secretary | Name and Title | | ÂH | 11 |
| Address | 1883 W. Royal Hunte Drive, Suite 200A | Address: | 30 > . | 11:0 | |
| | Cedar City, UT 84720 | _ | • • <u>• ·</u> · | | |
| Name and Title | | • | : | - | |
| | | _ | | - | |

| Name and Title: | | Name and Title: | | _ |
|---|--|---|--|----------------------|
| Address | | Address: | | |
| _ | | · | | <u> </u> |
| Name and Title: | | Name and Title: | | _ |
| Address _ | | Address: | <u>.</u> | _ |
| _ | | | | |
| | | | | |
| _ | | | | _ |
| ARTICLE VI | REGISTERED AGENT | | | |
| | lorida street address (P.O. Box NOT accep | table) of the registered a | gent is: | |
| Name: | Registered Agent Solutions, Inc. | | | |
| Address: | 155 Office Plaza Drive, Suite A | | | 2 2 |
| | Tallahassee, FL 32301 | | ≱- <u>-</u> 12 | |
| | | | | 22 |
| | INCORPORATOR Identify the Incorporator is: | | | |
| Name; | Michael Ott | | | |
| Address: | 1883 W. Royal Hunte Drive, Suite 200 |)A | 6 3 * - | . 00 |
| | Cedar City, UT 84720 | | | |
| ARTICLE VIII | EFFECTIVE DATE: | | | |
| Effective date, if | other than the date of filing: | (| OPTIONAL) | |
| (If an effective (| late is listed, the date must be specific an | d cannot be more than | i five days prior or 90 days aft | ter the filing.) |
| Note: If the date document's effective | inserted in this block does not meet the aptive date on the Department of State's reco | plicable statutory filing rds. | requirements, this date will not | be listed as the |
| Having been made certificate. Jum 1 | med as registered agent to accept service of Camiliar with and actept the appointment as | of process for the above registered agent and as | e stated corporation at the plac | re designated in thi |
| | usan Mumpe | | 12/21/ | 21 |
| \bigvee | Required Signature of Registered | Agent | Date | : |
| I submit this docu the Department of | ument and affirm that the facts stated herein of State constitutes a third degree felony as p | are true. Lam aware th provided for in 8.817.155 | iat $a \sim false$ information submit $S_{ij}F_{ij}S_{ij}$ | ted in a document t |
| Aldr (and | YTT | | 12/70 | 121 |
| | Required Signature of Incorp | oorator | Dat | e e |