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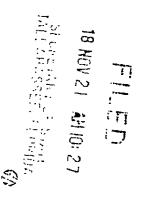
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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NOV 26 2018 T SCHROFNER November 7, 2018

To Whom it May Concern:

I am the Director of C&F Outdoor Adventures Hunting Club, Inc., a Florida non-profit corporation. I would like to create a Limited Liability Company with the same name. I will be the owner of the LLC.

Please apply the money for the conversion from the funds I previously sent. Any excess money should be refunded to me at my address: 609 W. De Leon St., Tampa, FL 33606.

Sincerely,

Dominic Fariello

State of Florida County of Hillsborough

The foregoing instrument was acknowledged this 16 day of November, 2018, by Dominic Fariello, who personally appeared before me and acknowledged that he signed the instrument voluntarily for the purpose expressed therein.

> 🔅 PAMELA B. REYNOLDS My Comm. # FF934356

Notary Public

Commission number: FF 934356

My commission exp: 18-11-19

COVER LETTER
TO: New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6052

SUBJECT: C&F Outdoor Adventures Hunting Club, LLC
Name of Limited Liability Company
The enclosed Articles of Organization are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dominic Fariello
Name of Person
609 West De Leon Street
Address
Tampa, Florida 33606
City/State/Zip
Dominic@AskTheDom.com
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Dominic Fariello at (813) 251-5550
Name of Person Daytime telephone number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:	
	, ,	
C&F Outdoor Adventures Hunting Club	o, LLC	
(Must contain the word	s "Limited Liability Company, "L.L.C.," or "LLC.	")
ARTICLE II - Address:		
The mailing address and street ad	dress of the principal office of the Lin	nited Liability Company is:
Principal Office Address:	Mailing Address:	
609 West De Leon St.	609 West De Leon St.	
Татра, FL 33606	Tampa, FL 33606	
		
(The Limited Liability Company cannot serviness entity with an active Florida regist	nt, Registered Office, & Registered A e as its own Registered Agent. You must designate ration.) ddress of the registered agent are:	Agent's Signature: an individual or another
	-	
Dominic Farfeilo	Name	-
	Manie	
609 West De Le		
Florida stree	t address (P.O. Box NOT acceptable)	
Tampa	FL 33608	
	City Zip	
liability company at the place registered agent and agree to ac statutes relating to the proper accept the obligations of my	ed agent and to accept service of procese designated in this certificate, I hereby t in this capacity. I further agree to contain complete performance of my duties, position as registered agent as provided	accept the appointment as nply with the provisions of all and I am familiar with and
Registered	Agent's Signature (REQUIRED)	<u>.</u> .
	(CONTINUED)	18 HOV 21 J
		MID: 27

<u> Fitte:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
AGR	Dominic Fariello
	609 West De Leon St. Tampa, FL 33606
	тапра, г.с. 33000
Use attachment if necessary)	'
as v: Other provisions, if any.	
DE V: Other provisions, it any.	
DE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	an authorized representative of a member
Signature of a member or a	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that
Signature of a member or a This document is executed in accordance any false information submitted in a document i	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware that ment to the department of State constitutes a third degree felony
Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605,0203 (1) (b). Florida Statutes, I am aware that
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