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COVER LETTER

| TO: | New Filing Section | nc | | |
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| | Division of Corporatio | 113 | | |
| ~ · · · · · | C-n.C Adventures | II.C | | |
| SUBJE | ECT: CARC ABREMIATES | Name of Limited Liability Company or Madam: sed Articles of Domestication of a Non-U.S. Entity and fee(s) are submitted for filing. set at Carper Name of Person Pernures LLC Firm Company Integration of Address FL 33569 City State and Zip Code Taboo.com E-mail address: (to be used for future annual report notification) or information concerning this matter. please call: at (803 | | |
| Division of Corporations SUBJECT: C-n-C Adventures LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Articles of Domestication of a Non-U.S. Entity and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Nickolas R. Carper Name of Person C-n-C Adventures LLC Firm Company 11402 Donneymoor Dr Address Riverview, FL 33569 City State and Zip Code carperm@yaboo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nick Carper Mailing Address: New Filling Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Articles of Domestication: \$25 | | | | |
| Dem 5 | 11 V1 3411411111 | | | |
| The en | closed Articles of Dome | estication of a Non-U | .S. Entity an | nd fee(s) are submitted for filing. |
| Please | return all correspondenc | e concerning this ma | itter to the fol | llowing: |
| Nickoli | as R. Carper | | | |
| | | une of Person | | - |
| C-n-C | Adventures LLC | | | |
| | Fi | гт Сотрапу | | - |
| 114021 | Donneymoor Dr | | | _ |
| | | Address | | |
| Rivervi | | | | - |
| | City 5 | State and Zip Code | | |
| сагреп | * · | | | |
| | E-mail address: (to be us | sed for future annual repo | n notification) | |
| For fur | ther information concern | ning this matter, plea | se call: | |
| Nick C | arper | aı | 803 | 420-4831 |
| | Name of Person | | Asea Code | Daytime Telephone Number |
| | | | | Street Address: |
| | | | | _ |
| | | ions | | • |
| | | | | * - |
| | Tallahassee. FL 3231 | 4 | | 2415 N. Monroe Street, Suite 810 |
| | | | | Tallahassee. FL 32303 |
| | the enclosed Articles of Dominian Rease return all correspondent Rickolas R. Carper No.—Adventures LLC Full 1402 Donneymoor Dr Liverview. FL 33569 City arpern@yahoo.com E-mail address: (to be used to be | Articles of Domest | ication: | \$25 |
| | | Articles of Organiz | | \$125 |
| | | Total to Domestica | | \$150 |

ARTICLES OF DOMESTICATION

| 1. | The date on which the entity was first formed was: 1/1/2016 |
|----|---|
| 2. | The name of the entity immediately prior to the filing of the Articles of Domestication was: |
| | C-n-C Adventure |
| 3. | Attached are Florida Articles of Organization to complete the domestication requirements pursuant to s. 605.0201. |
| 4. | The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the entity or any other equivalent jurisdiction under applicable law, immediately before the filing of the Articles of Domestication was: APO, AE (Italy) |
| 5. | The domestication has been approved in accordance with the laws of the jurisdiction of formation of the domesticating entity. |
| | I am authorized to sign these Articles of Domestication on behalf of the entity. Authorized Signature |
| 6. | Attached is a certificate of status or equivalent document, if any, from the domesticating jurisdiction of formation pursuant to 5, 605,1055 (3). Florida Statutes, |

CR2E143 (3-17)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | |
|--|---|----------|------|
| The name of the Limited Liability Company is: | | | |
| C-n-C Adventures LLC | | | |
| (Must contain the words "Limited Liability | y Company, "L.L.C.," or "LLC,") | | |
| ARTICLE II - Address: The mailing address and street address of the princi | pal office of the Limited Liability Company is: | | |
| Principal Office Address: | Mailing Address: | | |
| 11402 Donneymoor Dr. | 11402 Donneymoor Dr. | | |
| Riverview, FL 335 69 | Riverview, FL 33569 | | |
| ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) | Tice, & Registered Agent's Signature: tered Agent. You must designate an individual or another | - C3 | u ti |
| The name and the Florida street address of the regis | stered agent are: | PH 4: 39 | |
| Nickolas R Carper | | TIS F. | |
| Na | 产品 9 | | |
| 11402 Donneymoor Dr. | | | |
| Florida street address | (P.O. Box <u>NOT</u> acceptable) | | |
| Riverview | FL 33569 | | |
| City | Zíp | | |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| "AMBR" = Authorized Member "MGR" = Manager Onner - CEO - MGR | Nickolas R. Carper 11402 Donneymoor Dr. Riverview. FL 33569 | | | |
|---|---|--|-------------|-------|
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| | Riverview. FL 33569 | | | |
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| (Use attachment if necessary) | | | | |
| ICLE V: Effective date, if other than the c | late of filing: (OPT | IONAL) | | |
| reffective date is listed, the date must be s after the date of filing.) | specific and cannot be more than five business da | iys prior t | o or 90 | 3 cal |
| TCLE VI: Other provisions, if any. | | | | |
| | | · · · | - | |
| | | · <u>··</u> | - | |
| UIRED SIGNATURE: Tyles | nature of a member or an authorized representative | | • , | |
| t the facts stated herein are true. I am aware that an | tes, the execution of this document constitutes an affirmation y false information submitted in a document to the Departme felony as provided for in s.817.155, F.S.) | | | |

Filing Feet:

Typed or printed name of signee