

NI5000011547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE AFFAIRS

15 DEC - 8 AM 9:59

NOT REQUIRED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

APPROVED  
AND  
FILED

16 DEC - 8 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 08 2015

T SCHROEDER

## COVER LETTER

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

SUBJECT: Tallahassee Adventure Club  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: Jeremy Rogers  
Name (Printed or typed)

1517 Copperfield Cir  
Address

Tallahassee FL 32312  
City, State & Zip

850 - 491 - 3444  
Daytime Telephone number

J.Rogers 64 @ Yahoo.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 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Tallahassee Adventure club Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

1517 copperfield cir  
Tallahassee FL  
32312

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: outdoor educational Leadership  
classes that empower children & young adults

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Appointed By CEO

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jeremy Rogers CEO Name and Title: \_\_\_\_\_

Address: 1517 copperfield cir Address: \_\_\_\_\_  
Tallahassee FL 32312

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 DEC -8 AM 10:03

APPROVED  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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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: Jeremy Rogers

Address: 1517 copperfield cir  
Tallahassee FL 32312

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 DEC - 8 AM 10: 04

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jeremy Rogers

Address: 1517 copperfield cir  
Tallahassee FL 32312


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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

  
\_\_\_\_\_  
Required Signature of Registered Agent

12-8-15  
Date

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

  
\_\_\_\_\_  
Required Signature of Incorporator

12-8-15  
Date