## N1600011995

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		i

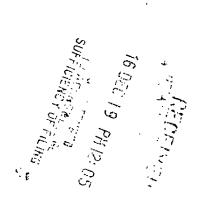
Office Use Only



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700293084377 12/19/16--01006--009 \*\*78.75



Adventure Club. I have no intition of Retistating that company.

12-19-16

## **COVER LETTER**

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

Enclosed is an original a  \$70.00  Filing Fee	**Mone (1) copy of the Art  **T78.75  Filing Fee &  Certificate of  Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
	•	ADDITIONAL COPY REQUIRED	

FROM: Jerent Rogers
Name (Printed or typed)

1517 Copperfied Cir
Address

Tarlana Ssee FL 32312

City, State & Zip

850-491-3444

Daytime Telephone number

ex-main address. (to be used for future annual report normalion)

NOTE: Please provide the original and one copy of the articles.

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

The name of the corporation shall be: Tallahass	iee Adventure	- CIUb	INC		-	
ARTICLE II PRINCIPAL OFFICE						
Principal street address: 1517 Coffer Fiew Cir	Principal street address:  Mailing address, if different is:  1517 Copper Giew Cir					-
Tallanassee FL 32:	312					-
			<u> </u>	<del></del>		-
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	OUTOCOT Educa	xional A	CAIVI)	<u>s</u>		
						<del>-</del>
				· · · · · · · · · · · · · · · · · · ·		_
				<del></del>		_
ARTICLE IV MANNER OF ELECTION The manner of						-
Name and Title: Vereny Rogers CE	O Name and Title:					
Address 1517 copperfield Cir						
Tallanassee FL 3	312					
				<b>E</b>	<del>-1</del>	
Name and Title:	Name and Title:		·		图	
Address				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>6</b> 0	
					721 77 93	• .
Name and Title:	Name and Title:			$\mathcal{L}^{(i)}$	\$;#	
Address	Address:	<del></del>				
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Name and Title:	Name and Title:	
Address	Address:	
1800 - V	<del></del>	
	·	
Name and Title:	Name and Title:	
Address	Address:	
<del></del>		
ADTICLE VI DECISTEDED 40	CEAR	
The name and Florida street address	ss (P.O. Box NOT acceptable) of the registered agent is:	
Name: Jerem +	Rogers	
	Perfield Cir	
	188ce FL 32317	
100110000		
ARTICLE VII INCORPORATOR The name and address of the Incorp		·
	logers	
Address: \S17 Cc	Merfield Cir	
	assec FL 32312	
10011 901		
ARTICLE VIII EFFECTIVE DA Effective date, if other than the date (If an effective date is listed, the dater the filing.)	TE: of filing: $O$	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	nts, this date will not be listed as the
	agent to accept service of process for the above stated co ccept the appointment as registered agent and agree to act	
		12-19-16
Required	Signature of Registered Agent	Date
I submit this document and affirm to the Department of State constitute	that the facts stated herein are true. I am aware that any facts a third degree felony as provided for in s.817.155, F.S.	alse information submitted in a document
		12-19-19
Requ	uired Signature of Incorporator	Date