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DIVISION OF CORPORATIONS
18 JUN 25 FM 2: 15

C RICO JUN 2 0 2018

COVER LETTER

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

Oke Swamp	Hunt Club, Inc		
	(PROPOSED CORP	ORATE NAME - MUST IN	CLUDE SUFFIX)
Enclosed is an original a	ind one (1) copy of the Ar	ticles of Incorporation and	la check for:
_			
□ \$70.00	🔀 \$78.75	□\$ 78.75	□ \$87.50
Filing Fee	Filing Fee &	Filing Fee	Filing Fee.
	Certificate of	& Certified Copy	Certified Copy
	Status		& Certificate
		ADDITIONAL CO	PPY REQUIRED

FROM:	Michael J Rogero				
I KOWI.	Name (Printed or typed)				
	883 Lawhon Dr				
	Address				
	Saint Johns, Florida 32259				
C	City, State & Zip				
	904-234-4283				
	Daytime Telephone number				
	m.rogerosr@comcast.net				
	E-mail address: (to be used for future annual report notification)				

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

18 MN 25 FM 2: 16

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

ARTICLE I The name of the	NAME Oke Swamp Hunt Cl	lub. Inc			
ARTICLE II	PRINCIPAL OFFICE				
883 L	Principal <u>street</u> address: _awhon Drive	Mailing address, if different is:			
Saint	Johns, Florida 32259				
including hun	or which the corporation is organized is:	activities of the	,	ment. A major	
<u></u>	e Club includes the management and pro-				
	ment and maintenance of food plots for n				
	and organized as a tax exempt entity ur				
shall inure to	benefit of any officer or member. Upon	dissolution of th	e Corporation any remaining cash ar	id assets of	
Corporation s	shall be distributed to members of Club/C	Corporation at th	e time of dissolution.		
ARTICLE IV	MANNER OF ELECTION The manner INITIAL OFFICERS AND/OR DIRECTO		eturs are elected and appointed.		
Name and Title:	Michael J Rogero, President, Director	Name and Title	Philip D. Rogero, Secretary.Director	Will 8	
	883 Lawhon Drive	Address:	2949 Pleasure Lane	다 있는 있는 기존용	
	Saint Johns, Florida 32259		St.Augustine, FL 32084	YY	
Address	Aaron Albritton, Director	Name and Title	Matthew P Rogero, Vice President,	16 TE	
	12911 Silver Oak Drive	Address:	2880 Joe Ashton Road		
	Jacksonville, FL 32223		St. Augustine, FL 32092		
Name and Title	Dr. Carter Wilson, Director	Name and Title			
Address	6910 Atlantic Blvd				
	Jacksonville, FL 32211	·			

Name and Title:	Name and Title:	
Address	Address:	
Name and Title:	Name and Title:	
Address	Address:	
		
<u>ARTICLE VI</u> <u>REGISTERED AGENT</u> The name and Florida street address (P.O. Box 2)	NOT acceptable) of the registered age	nt is:
Michael J Rog	•	
883 Lawhon D	rive	
Saint Johns, F	 L 32259	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		
Michael I Roge	ero	
883 Lawhon D		
Saint Johns, F		
Came Comis, 1	L 02200	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 6/	15/2018 _{.(OP}	TIONAL)
(If an effective date is listed, the date must be s		
Note: If the date inserted in this block does not m	neet the annicable elatutory filing road	miramonte, this data will not be listed as the
document's effective date on the Department of St		unchens, this date will not be fixed as the
Having been named as registered growt to assess	of complete of annual for the observations	went arm and a set the above to the set of the
Having been named as registered agent to accept certificate, I am familiar with and accept the appo	intment as registered agent and agre	atea corporation at the place designated in this e to act in this capacity
Michael Jagers		6/15/2018
Required Signature of F	legistered Agent	Date
I submit this document and affirm that the facts so to the Degartment of State constitutes a third degr.	tated herein are true. I am aware tha	t any false information submitted in a document i. F.S.
n-1/2/	y - m y y y m y m m y m m m (11 00	6/15/2019