

N21000009233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

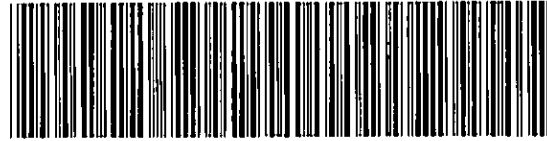
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OFFICE OF STATE
CORPORATIONS, FL

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

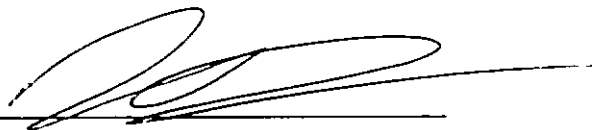
850-491-3444
Daytime Telephone number

J.Rogers84@Yahoo.com
E-mail address: (to be used for future annual report notification)

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

8/3/21

I will not reinstate Tallahassee Adventure Club, Inc filed under document
N16000011995 and wish to file a new entity with the same name.

X 

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:

Mailing address, if different is:

1517 copperfield cir

Tallahassee FL

32312

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STATE
TALLAHASSEE FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: outdoor educational leadership

School that empowers children in the outdoors

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 Rosen CEO Name and Title: _____

Address: 1517 copperfield Address: _____

circle

Tallahassee FL 32312

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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

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 days prior or 90 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

8-3-21
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 §817.155, F.S.

Required Signature of Incorporator

8-3-21
Date

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TALLAHASSEE, FL

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