

**Tracking Number**  
**B2025053924**

**Total Fee Due: \$300.00**



**Tre Hargett**  
Secretary of State

## Articles Of Organization

### Division of Business and Charitable Organizations

#### Department of State

State of Tennessee

312 Rosa L. Parks Avenue, 6th Floor

Nashville, Tennessee 37243

Phone: 615-741-2286

sos.tn.gov/businesses

## Entity Information

**Entity Name:** C3 COMMUNITY PARTNERS, DAO LLC

**Entity Type:** Nonprofit Limited Liability Company

**Additional Designation:** Decentralized Organization

**Series LLC ?**

☒ Yes ☐ No

☒ I certify that this entity meets the requirements of T.C.A. § 48-249-309(a) & (b)

**Fiscal Year Ending Month:** December

**Principal Office Address**

805 Oak Leaf Dr  
Old Hickory, TN 37138  
Wilson County, USA

**Mailing Address**

805 Oak Leaf Dr  
Old Hickory, TN 37138  
Wilson County, USA

**Period of Duration:**

Perpetual

**Will this filing have a delayed effective date?**

☐ Yes ☒ No

**Nature of Business (NAICS):**

624229 - Other Community Housing Services  
813319 - Other Social Advocacy Organizations  
813410 - Civic and Social Organizations

**Other Provisions:**

c3 Community Partners, nonprofit DAO LLC is registered in the state of Tennessee as a nonprofit Limited Liability Decentralized Autonomous Organization. This entity will operate within the jurisdictional law of local, state and federal government regulations. We commit to transparency in our operations, ensuring compliance with all necessary legal frameworks.

Do you have additional uploads you would like to attach to this filing?

☐ Yes ☒ No

## Registered Agent Information

STEPHANIE JOANNE GAFFNEY  
805 Oak Leaf Dr  
Old Hickory, TN 37138  
Wilson County, USA

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## Member Information

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**The Limited Liability Company will be:** Member Managed

**Do you have six or fewer members at the date of this filing?**

☒ Yes ☐ No

**Number of Members at the date of filing:**

**Will this entity be registered as an Obligated Member Entity (OME)**

☐ Yes ☒ No

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## Organizer's Signature

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☒ By entering my name in the space provided below, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day.

☒ I certify that this entity is a Non-Profit LLC whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in T.C.A. § 67-4-2004. The business is disregarded as an entity for federal income tax purposes

**Signed Electronically:** STEPHANIE JOANNE GAFFNEY

**Date:** 03/06/2025