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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP ☐ WAIT ☐ MAIL

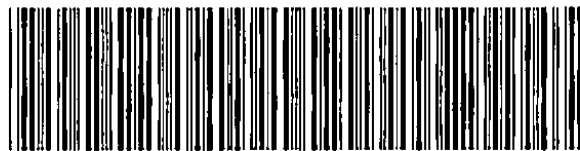
(Business Entity Name)

(Document Number)

3 Copies _____ Certificates of Status _____

al Instructions to Filing Officer.

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19 MAR 12 AM 11:39

FILED
19 MAR 12 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T SCHROEDER

Holland & Knight

Requester's Name

315 South Calhoun Street, suite 600

Address

Tallahassee, FL 32301 (850)425-5686

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Baysavers Group, Inc
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

☐ Profit

☒ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

AMENDMENTS

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

Examiner's Initials

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Baysavers Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

115 Allen Memorial Way

Port St. Joe, FL 32456

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in efforts to restore the waters of Apalachicola Bay, Florida, St. Joseph Bay, Florida and the Lake Wimico, Florida, Watershed to their pre-industrial State for the general welfare and benefit
area wildlife, residents and visitors.

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TALLAHASSEE, FLORIDA

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

initial directors appointed. Subsequent directors elected.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Frank "Dusty" May, Director Name and Title: Dewey Blalock, Director

Address: 115 Allen Memorial Way Address: 131 Heron Bay Lane

Port St. Joe, FL 32456 Port St. Joe, FL 32456

Name and Title: Heath Galloway, Director Name and Title: Joel Norred, Director

Address: Post Office Box 33 Address: 133 Pogy Road

Apalachicola, FL 32329 Apalachicola, FL 32320

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Frank D. May
Address: 115 Allen Memorial Way
Port St. Joe, FL 32456

ARTICLE VII INCORPORATOR

Name and address of the Incorporator is:

Name: Frank D. May
Address: 115 Allen Memorial Way
Port St. Joe, FL 32456

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.)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the agent's effective date on the Department of State's records.

I, _____, being 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.

[Signature]
Required Signature of Registered Agent

3/5/19
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.

[Signature]
Required Signature of Incorporator

3/5/19
Date

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TALLAHASSEE, FLORIDA