

N10000009726

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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10 OCT 18 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UN

COVER LETTER

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

SUBJECT: Everglades Nation, Inc.

(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: E. Thom Rumberger
Name (Printed or typed)

P.O. Box 10507
Address

Tallahassee, FL 32302
City, State & Zip

850-222-6550
18001 Old Phone Telephone number

rumberger@egladestrust.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME Everglades Nation, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
18001 Old Cutler Road
Suite 625
Palmetto Bay, FL 33157

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to promote the restoration and protection of the Everglades.

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

The members of the Board of Directors are initially invited by the President of the organization. Additional Board Members are appointed to their positions by the President or by majority vote of current board members at the President's discretion.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kirk Fordham, President and Director
Address: 18001 Old Cutler Road
Suite 625
Palmetto Bay, FL 33157

Name and Title: _____
Address: _____

Name and Title: Stanley Boynton, Vice President and Director
Address: 18001 Old Cutler Road
Suite 625
Palmetto Bay, FL 33157

Name and Title: _____
Address: _____

Name and Title: E. Thom Rumberger, Director
Address: 215 S. Monroe Street
Suite 702
Tallahassee, FL 32301

Name and Title: _____
Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

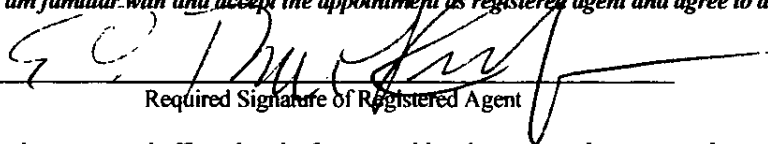
Name: E. Thom Rumberger
Address: 215 S. Monroe Street
Suite 702
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

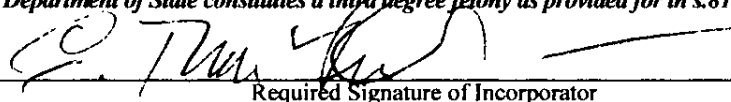
Name: E. Thom Rumberger
Address: 215 S. Monroe Street
Suite 702
Tallahassee, FL 32301

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

10/18/10
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.


Required Signature of Incorporator

10/18/10
Date