

N 11000000328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

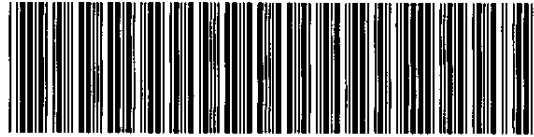
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

11 JAN 13 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/13/11

## COVER LETTER

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

SUBJECT: The Big Bend Scenic Byway CME, 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: Pam Portwood  
Name (Printed or typed)

1184 Dr. MLK Jr. Memorial Rd  
Address

Crawfordville, FL 32327  
City, State & Zip

850-544-6133  
15 Crescent Way Telephone number

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

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

**FILED**  
11 JAN 13 PM 2:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be: The Big Bend Scenic Byway CME, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
15 Crescent Way  
Crawfordville, Florida 32327

Mailing address, if different is:  
P. O. Box 67  
Panacea, FL 32346

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to serve as the caretaker of the Big Bend Scenic Byway and to preserve, protect, enhance, and expand the intrinsic resources found along the Byway by monitoring, implementing, and updating plans, strategies, and programs included in the Corridor Management Plan.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: ELECTED

It is declared that the CME represent a broad cross section of interest residents, organizations, and businesses, as well as local, regional, and national governmental entities, within the area affected by the Big Bend Scenic Byway. The CME members shall be appointed as designated representatives of any municipality, governmental agency, group, business or citizen organization willing to enter into a partnership agreement with the CME. The officers of the Big Bend Scenic Byway CME shall include President, Vice-President, Secretary, and Treasurer and will be elected by a majority vote of the CME membership.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sharon Liggett, President  
Address: 3270 Longleaf Road  
Tallahassee, Florida 32310

Name and Title: David Butler, Treasurer  
Address: P. O. Box GG  
Carrabelle, Florida 32322

Name and Title: Dixie Partington, Vice-President  
Address: 57 7th Street  
Apalachicola, Florida 32320

Name and Title: Pam Portwood, Director  
Address: 1184 Dr. MLK Jr. Memorial Road  
Crawfordville, FL 32327

Name and Title: Bill Lowrie, Secretary  
Address: 175 Gertie Brown Road  
Sopchoppy, Florida 32358

Name and Title: Del Suggs, Director  
Address: P. O. Box 2261  
Tallahassee, FL 32316-2261

**ARTICLE VI REGISTERED AGENT**

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

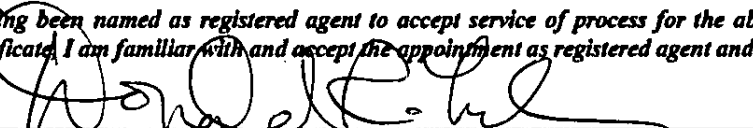
Name: DONALD R. LESH  
Address: 2489 SURF ROAD  
PANACEA, FL 32346

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

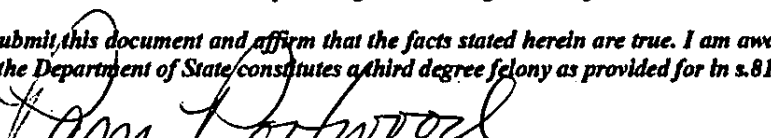
Name: Pam Portwood  
Address: 1184 Dr. MLK Jr. Memorial Road  
Crawfordville, FL 32327

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

1/11/11  
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

1/10/11  
Date

FILED  
11 JAN 13 2011  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA