TRANSMITTAL LETTER

DEC 17 PH 4: 28 97

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

(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

**2**\$122.50

Filing Fee

& Certified Copy

\$131.25

Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

3958 Oak Hannock Ly
Address

Disk( +1 34981 City, State & Zip

561 466 7707 Daytime Telephone number

DEC 17 1991

P. Hall

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

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ADTICLES	OF	INCORPORATION	V
AKTILLES	O.	THOUSE ORGANION	•

The undersigned incorporator, for the purpose of forming a corporation under the Florida DEC 17 PM 4: 28 Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation: SECRETARY OF STATE TALLAHASSEE, FLORIDA ARTICLE I NAME The name of the corporation shall be: SAUR OUR SOVEREIGNTY \_ WET LANDS IN C ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: POBOY 1774 DiARCY FI 34979 ARTICLE III PURPOSE(S) The specific purpose(s) for which the corporation is organized is(are): POBLIC AWARINISS CAMPAIAN ARTICLE IV MANNER OF ELECTION OF DIRECTORS The manner in which the directors are elected or appointed is: DILECTORS SHALL BE ElECTED AT AN ANNUAL MEETING. ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: HOLOND. BILLEN 3958 Oak Hammock IN PI PINKED FI 34981 ARTICLE VI INCORPORATOR The name and address of the Incorporator to these Articles of Incorporation are: 958 oak Hanmock IN

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Malon W Ollin
Signature/Registered Agent

Signature/Incorporator

12-14-94 Data