SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

****245.00

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

122.50

Filing Fee

& Certified Copy

\$131.25

Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: NOLAN

561 466 7707 Daytime Telephone number

DEC 1 7 1997

p Hall

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

ARTICLES OF INCORPORATION

Signature/Incorporator

FILED . The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation: 97 DEC 17 PM 4: 28 SECRETARY OF STATE NAME TALLAHASSEE, FLORID**A** The name of the corporation shall be: OOR WETLANDS INC ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: O DRAWER 12279 Pierce F1 34979 ARTICLE III PURPOSE(S) The specific purpose(s) for which the corporation is organized is(are): PuBLIC AWARNESS Campaign MANNER OF ELECTION OF DIRECTORS ARTICLE IV The manner in which the directors are elected or appointed is: THE DIRECTORS SNALL BE ELECTED AT ANNUAL MEETING. ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: HOLAN .D AllAM 3958 oat Haw moch tal DINECY FI 34981 ARTICLE VI INCORPORATOR The <u>name and address</u> of the Incorporator to these Articles of Incorporation are:

(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 William 17-17-95
Signature/Registered Agent Date