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CORPORATE	·
\ ACCESS, /	1116-D Thomasville Road. Mount Vernon Square. Tallahassee, Florida 32303
INC. P.O.	Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666
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SPECIAL INSTRUCTIONS	

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I NAME

The name of the Corporation shall be:

NATIONAL AVIATION AND TRANSPORTATION MUSEUM OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:

8949 S.E. BRIDE RD., #116 HOBE SOUND, FLORIDA 33455

ARTICLE III PURPOSE (S)

The specific purpose (s) for which the corporation is organized is (are):

It is to engage in any transaction or any or all lawful business for which a Not for Profit Corporation may be organized, including, but not limited to, the preservation of aviation and transportation related materials.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

The initial directors by appointment are:

FREDERICK WAHL FRED DANIELS MARK DANIELS

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: MARK DANIELS 8949 S.E. BRIDGE RD., #116

HOBE SOUND, FLORIDA 33455

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are: MARK DANIELS
8949 S.E. BRIDGE RD., #116
HOBE SOUND, FLORIDA 33455

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Signature / Incorporator

Date

<u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501, Florida statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is: NATIONAL AVIATION AND TRANSPORATION MUSEUM OF FLORIDA, INC.
- 2. The name and address of the registered agent and office is:

Name: MARK DANIELS

Address: 8949 S.E. BRIDGE RD., #116

HOBE SOUND, FLORIDA 33455

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the 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 obligation of my position as registered agent.

Signed

MARK DANIELS

Date: 02-01-98

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