DANA L. HARRISON

CERTIFIED PUBLIC ACCOUNTANT 500 Fifth Avenue South, Suite 506 Naples, Florida 34102

> Tel: 941-263-6626 Fax: 941-263-3715

MEMBER:
AMERICAN INSTITUTE OF
CERTIFIE PUBLIC ACCOUNTANTS

September 1 1998

FLORIDA INSTITUTE OF
CERTIFIE PUBLIC ACCOUNTANTS

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

700002632987---3 -09/04/98--01/29--011 ****122.50 ****122.50

Re: Incorporation

BANK OF THE EVERGLADES MUSEUM, INC.

Dear Sir:

Enclosed please find the following:

- 1) Articles of Incorporation of BANK OF THE EVERGLADES MUSEUM, INC.
- 2) Certificate designating Registered Agent.
- 3) Check for \$122.50 covering various fees.

98 NOV -5 AM IO: 15
SECRETARY OF STATE
SECRETARY OF STATE

Please forward the certified copy of the articles and assigned document number of the corporation to Dana Harrison at the above noted address. Any questions should be directed to the undersigned.

Sincerely,

Dana L. Harrison

Encl. DLH: 1b

51<u>1</u>



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 9, 1998

DANA L. HARRISON, CPA 500 5TH AVENUE SOUTH SUITE 506 NAPLES, FL 34102

SUBJECT: BANK OF THE EVERGLADES MUSEUM, INC.

Ref. Number: W98000020527

We have received your document for BANK OF THE EVERGLADES MUSEUM, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the terms BANK, BANKER, BANC, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION must be obtained from the Division of Banking and Finance, pursuant to section 655.922(2a), Florida Statutes. The address is:

Division of Banking Director's Office 101 E. Gaines St. Fletcher Bldg., 6th Floor. Tallahassee, FL 32399-0350 (850) 488-1111.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6923.

Doris McDuffie Corporate Specialist Supervisor

Letter Number: 098A00045843



OFFICE OF COMPTROLLER

DEPARTMENT OF BANKING AND FINANCE STATE OF FLORIDA TALLAHASSEE 32399-0350

October 28, 1998

Ms. Patty Flick Richards Post Office Box 455 Everglades City, FL 34139

Dear Ms. Richards:

Re: "Bank of Everglades Museum"

Thank you for your recent letter/fax requesting approval for use of the above-referenced name. It is the opinion of this Department that your name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Department does not object to your use of the above-referenced name being registered to conduct business in the State of Florida.

Sincerely,

Art Simón Director

Division of Banking 101 East Gaines Street The Fletcher Building - Sixth Floor Tallahassee, FL 32399-0350 (850) 488-1111

:kr

cc: Karon Beyer, Chief__ Bureau of Corporate Records Division of Corporations Secretary of State's Office

ARTICLES OF INCORPORATION

FILED

OF

98 NOV -5 AM 10: 15

SECRETARY OF STATE BANK OF THE EVERGLADES MUSEUM, INC. TALLAHASSEE, FLORIDA

The undersigned 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 this corporation is BANK OF THE EVERGLADES MUSEUM, INC.

ARTICLE II - PRINCIPAL OFFICE

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

Bank of The Everglades Museum, Inc. 201 West Broadway Everglades City, FL 34139

ARTICLE III - PURPOSE

The purpose is to operate a historic museum in Everglades City, Florida

ARTICLE IV - MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed shall be as provided in the Bylaws.

ARTICLE V -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent and office of this corporation is as follows:

Patty Flick Richards 201 West Broadway Everglades City, FL 34139

ARTICLE VI - INCORPORATOR

FILED

The name and address of the Incorporator to these Articles is:

98 NOV -5 AM 10: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Patty Flick Richards 201 West Broadway Everglades City, FL 34139

Half Fl. Richards
Incorporator

Set | 1998

Having been named as Registered Agent 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.

_!	(<i>(</i> ~)	Λ	<u> Ч</u>		Ц			ĺ
\bar{R}	egis	ter	þά	As	¥ 26	'n	t	•
	0		7-	4	7		-	

Sept. 1, 1998

STATE OF FLORIDA

COUNTY OF COLLIER

The foregoing instrument was acknowledged before me this 15T day of September, 1998 by PATTY FLICK RICHARDS

IN WITNESS WHEREOF, I hereby set my hand and official seal.

Notary Public

My Commission Expires:

Dana L Harrison

My Commission CC75278

Expires August 1, 2002

Personally Known	OR Produced Identification	
Type of Identificat	ion Produced	