P02000089884

TRANSMITTAL LETTER

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

500007198025---5 -08/19/02--01050--001 *****78.75 *****78.75

SUBJECT: TOUR NAPLES & The Everglades Fuc.

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

\$78.75

□ \$87.50

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: WM. M. Mc CROWE

Name (Printed of typed)

WM. M. McCRONE 5928 SAND WEDGE LN. #1805

NAPLES, FL 34110

City, State & Zip

239-514-4877

Daytime Telephone number

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

ARTICLES OF INCORPORATION

1. The name of the corporation shall be: To	UN NAPLES & THE EVERGLADES	INC.
2. The principal place of business and mailing \$928 Band Wedge Ln. #186		<u> </u>
3. The corporation shall have the authority t	to issue shares of stoo	:k.
4. The registered agent of the corporation is registered street address is <u>5928</u> Sand Florida <u>34110</u> .		
5. The initial Board of Directors shall have is/are as follows: C. LANGIE MCCEON. S928 SAND WERE LANGELONDER SALES FL. 34115		KONE Ge Lo. 4/805
·	d or lowered by amendment of the bylaws	
6. The incorporator of this corporation is street address is SAND WELFE	Um. M. MCCRONE LN. #1805, NAPLES FL.	whose
Dated 8/15/02	Wm M. M. Que	DE AUG 1.9
Having been named as registered agent and t	Incorporator WAA M. M CKONE to accept service of process for the above	
corporation at the place designated in this cer istered agent and agree to act in this capacity of all statutes relating to the proper and comp with and accept the obligations of my position.	y. I further agree to comply with the pro plete performance of my duties, and am fa	visions
Datad XIII 25		

Registered Agent

WM. M. McConj