

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224 8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342 8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE (_____) _____

Service: Top Priority _____ Regular _____
 One Day Service _____ Two Day Service _____

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

MAR 1 1995 BSB

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY AAK

WALK-IN Will Pick Up 311.02

RE: The Emerald Isle
Resort

	C.C. FEE.	DISBURSED
Capital E. _____		
Art. of Inc. _____		
Corp. Amend Search _____		
Id. Partnership _____		
Foreign Corp. File _____		
() Corp. Copy _____		
Art. of Amend. File _____		
Dissolution/Withdrawal _____		
C U S _____		
Fictitious Name File _____		
Name Reservation _____		
Annual Report/Reinstatement _____		
Reg. Agent Service _____		
Document Filing _____		
Corporate Kit _____		
Vehicle Search _____		
Driving Record _____		
Document Retrieval _____		
UCC 1 or 3 File _____		
UCC 11 Search _____		
UCC 11 Retrieval _____		
File No.'s _____ Copies _____		
Courier Service _____		
Shipping/Handling _____		
Phone () _____		
Top Priority _____		
Express Mail Prop. _____		
FAX () _____ pgs. _____		

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum

THANK YOU
 from
 Your Capital Connection

TRANSMITTAL LETTER

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

SUBJECT: THE EMERALD ISLE RESORT, INC.
(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

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: ROBERT G. HAMLIN, JR
Name (printed or typed)
98751 OVERSEAS HIGHWAY
Address
KEY LARGO, FLORIDA 33037
City, State & Zip
305 453-0661
Daytime Telephone number

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

ARTICLES OF INCORPORATION

FILED

95 MAR -1 PM 2: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

THE EMERALD ISLE RESORT, INC.

ARTICLE II PRINCIPAL OFFICE

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

P. O. BOX 2051
ISLAMORADA, FLORIDA 33036-2051

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROBERT G. HAMLIN, JR.
P. O. BOX 2051
ISLAMORADA, FLORIDA 33036-2051

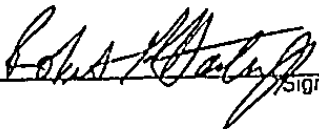
ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ROBERT G. HAMLIN, JR.
98751 OVERSEAS HIGHWAY
KEY LARGO, FLORIDA 33037

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

28 day of FEBRUARY, 1995.



Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: THE EMERALD ISLE RESORT, INC.

2. The name and address of the registered agent and office is:

ROBERT G. HAMLIN, JR

(Name)

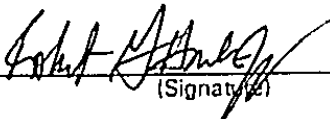
98751 OVERSEA HIGHWAY

(P.O. Box not acceptable)

KEY LARGO, FLORIDA 33037

(City/State/Zip)

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.


(Signature)

2-28-95
(Date)

FILED
55 MAR -1 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA