

TRANSMITTAL LETTER

P97000011548

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

SUBJECT: MANATEE ADVENTURES 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

Please return the photocopy to me with the filing date stamped on it.

800002076928--9  
-02/04/97--01102--006  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

FROM:

MARTIN D. JONES  
Name (printed or typed)

P.O. Box 543  
Address

MATLACHA, FL. 3399  
City, State & Zip

941-283-9673  
Daytime Telephone Number

Dmc  
2-5-97

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97FEB-3 AM11:38

FILED

## Articles of Incorporation

1. The name of the corporation shall be:

MANATEE ADVENTURES INC.

2. The principal place of business and mailing address of the corporation is

P.O. Box 543  
MATLACHA, FL. 33993

3. The corporation shall have the authority to issue 10 000 shares of stock.

4. The registered agent of the corporation is MARTIN D. JONES and the registered street address is PINE ISLAND ROAD, MATLACHA, Florida 33993.

5. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es) is/are as follows: MARTIN D. JONES, P.O. Box 543  
MATLACHA, FL. 33993

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is MARTIN D. JONES whose street address is PINE ISLAND ROAD, MATLACHA, FL. 33993

Dated 1-30-97

Martin D. Jones  
Incorporator

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 am familiar with and accept the obligations of my position as registered agent.

Dated 1-30-97

Martin D. Jones  
Registered Agent

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97FEB-3 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA