

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
CERTIFIED PUBLIC ACCOUNTANTS

FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

September 1, 1998

N98000006308

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

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-09/04/98--01129--011
****122.50 ****122.50

Re: Incorporation
BANK OF THE EVERGLADES MUSEUM, INC.

Dear Sir:

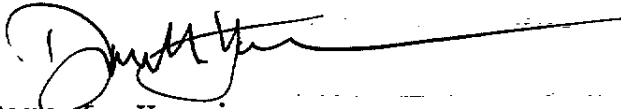
Enclosed please find the following:

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

FILED
 98 NOV -5 AM 10:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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:lb

*DML
9-9-98*

511

~~678-20527~~



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



ROBERT F. MILLIGAN
COMPTROLLER OF FLORIDA

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 Simon
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
OF
BANK OF THE EVERGLADES MUSEUM, INC.

FILED
98 NOV -5 AM 10:15
SECRETARY OF STATE
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

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

Patty Flick Richards
201 West Broadway
Everglades City, FL 34139

FILED
98 NOV -5 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Patty F. Richards
Incorporator

Sept. 1, 1998
Date

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.

Patty Flick
Registered Agent

Sept. 1, 1998
Date

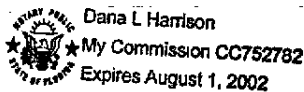
STATE OF FLORIDA

COUNTY OF COLLIER

The foregoing instrument was acknowledged before me this 1ST day of September, 1998 by PATTY FLICK RICHARDS

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

Dana L Harrison
Notary Public
My Commission Expires:



Personally Known OR Produced Identification
Type of Identification Produced _____