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(Requestor's Name)

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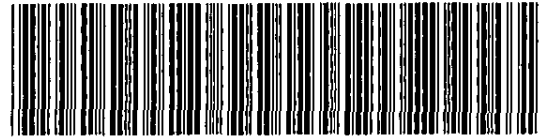
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PICK-UP WAIT MAIL

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Certified Copies _____ Certificates of Status _____



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Special Instructions to Filing Officer:

~~Call & Service~~ GAVE
AUTHORIZATION BY PHONE TO
CORRECT date of formation/line
DATE 8/23/12
ICC EXAM Call

Office Use Only

[Handwritten signature] 10/29/12

Certificate of Conversion
For
Limited Agricultural Association into Florida Not For Profit Corporation

This Certificate of Conversion and **attached Articles of Incorporation** are submitted to convert the following **Limited Agricultural Association into a Florida Not For Profit Corporation** in accordance with Sections 604.14 and 617.1809, Florida Statutes.

1. The name of the Limited Agricultural Association immediately prior to the filing of this Certificate of Conversion is **Baker County Farm Bureau, LAA.** 790675
2. The Limited Agricultural Association was initially formed under ss.604.09-604.14, Florida Statutes, on 06/12/1967
3. The name of the Florida Profit Not For Profit Corporation as set forth in the **attached Articles of Incorporation** is **Baker County Farm Bureau, Inc.**
4. **FEI/EIN Number:** 596177715 **Email Address:** Shanna.Bloxham@ffbic.com
5. If not effective on the date of filing, enter the effective date: _____

Signed this 15th day of October, 2012

Required Signature for Florida Not For Profit Corporation: Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Incorporator: Darryl Register

Printed Name: Darryl Register Title: President

Signature(s) of all person(s) required by Limited Agricultural Association's Articles of Association or Bylaws:

Signature: Darryl Register

Printed Name: Darryl Register

Address: P.O. Box 38 Glen St. Mary, FL 32040

Title: President

Signature: Scott Register

Printed Name: Scott Register

Address: 13755 Turner Cemetery Rd Sanderson, FL 32087

Title: Vice President

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Signature: *Pat Fish*
Printed Name: PAT FISH
Address: PO Box 1297 Macclenny FL 32063
Title: Secretary/Treasurer

Signature: *Scott Register*
Printed Name: Scott Register
Address: ~~13755 Turner Cemetery Rd Sanderson, FL 32087~~
Title: Director

Signature: *Charles Rowe*
Printed Name: Charles Rowe
Address: 5400 Buck Hawk Rd. Macclenny, FL 32063
Title: Director

Signature: *Lloyd Register*
Printed Name: Lloyd Register
Address: 12846 Turner Cemetery Rd, Sanderson, FL 32087
Title: Director

Signature: *Robert Norman*
Printed Name: ROBERT NORMAN
Address: 8875 Shirley Rd Glen St. Mary FL 32040
Title: Director

Signature: *Emil Clayton Lyons*
Printed Name: EMIL CLAYTON LYONS
Address: P.O. Box 1176 Glen St. Mary, FL 32040
Title: Director

Signature: *Wyman Griffis*
Printed Name: WYMAN GRIFFIS
Address: 6560 Glen St Mary Fla. 32040
Title: Director

Signature: *Tom Adams*
Printed Name: Tom Adams
Address: 12831 W. Confederate Dr BSH, FL 32040 P.O. Box 1599
Title: Director

Signature: *Eleanor Lyons*
Printed Name: Eleanor Lyons
Address: P.O. Box 32 Glen St. Mary, FL 32040
Title: Director

Signature: _____
Printed Name: _____
Address: _____
Title: Director

ARTICLE IV DIRECTORS

The property, affairs, business, and operation of the Corporation shall be managed by a Board of Directors, which shall be elected as provided in the Bylaws.

ARTICLE V OFFICERS

The officers of the Board shall consist of a President, a Vice President, a Secretary, a Treasurer, and such other officers as may be elected or appointed. All officers shall be elected or appointed as provided in the Bylaws.

ARTICLE VI INITIAL OFFICERS AND/OR DIRECTORS

The officers who are to conduct the business of the Corporation until their successors are elected and qualified are as follows:

President and Director Darryl Register
Address P.O. Box 38
City, State, Zip Glen St. Mary, FL 32040

Vice President and Director Scott Register
Address 13755 Turner Cemetery Rd
City, State, Zip Sanderson, FL 32087

Secretary/Treasurer and Director Pat Fish
Address PO Box 1297
City, State, Zip Macclenny, FL 32063

Director Scott Register

Address 13755 Turner Cemetery Rd

City, State, Zip Sanderson, FL 32087

Director Charles Rowa

Address 5400 Buck Row Rd.

City, State, Zip Mccleenny, Fla. 32066

Director Lloyd Register

Address 12846 Turner Cemetery Rd.

City, State, Zip Sanderson, Fl. 32087

Director Thert Nunn

Address 8875 Shirley Rd

City, State, Zip Glen St. Mary FL 32040

Director Paul Clayton Lyons

Address P.O. Box 1176

City, State, Zip Glen St. Mary, FL 32040

Director WYMAN GIFFIS

Address 6560 Bill Davis Rd Glen St Mary Fla

City, State, Zip 32040

Director Tom Adams

Address 12531 W. Con Redonate Dr PO Box 1599

City, State, Zip Glen St Mary, fl 32040

Director Eleanor Lyons

Address PO Box 32

City, State, Zip Glen St. Mary, FL 32040

Director _____

Address _____

City, State, Zip _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the Registered Agent is:

Name: **Darryl E. Register**

Florida Street Address: 539 South 6th Street
Macclenny, FL 32063


ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: **Darryl E. Register**

Florida Street Address: 539 South 6th Street
Macclenny, FL 32063

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Required Signature of Registered Agent

10/15/12

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

10/15/12

Date