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DATE: **5/10/16**

NAME: GLOBAL APIOLOGY INC.

TYPE OF FILING: **ARTICLES**

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ACCOUNT: **FCA000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE** Abbie Hodge

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: GLOBAL APIOLOGY INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:	Mailing address, if different is:
16078 STATE HIGHWAY 20	16078 STATE HIGHWAY 20
NICEVILLE, FLORIDA 32578	NICEVILLE, FLORIDA 32578

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROMOTES LOCAL AND NATIONAL BEEKEEPING AND FARMING ORGANIZATIONS, TEACHING FARMERS THE WAY OF POLLINATION, ENCOURAGING HONEY BEE HEALTH AND SOUND MANAGEMENT PRACTICES BY ASSISTING IN DEVELOPMENT, IMPROVING, EXPANDING, AND PROVIDING OUTREACH, TRAINING AND TECHNICAL ASSISTANCE TO DOMESTIC FARMERS MARKETS, COMMUNITY-SUPPORTED AGRICULTURE (CSA) PROGRAMS, AGRITOURISM ACTIVITIES, AND OTHER DIRECT PRODUCER-TO-CONSUMER MARKET OPPORTUNITIES.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: AS PROVIDED FOR IN THE BYLAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: THOMAS SILVA - DIRECTOR	Name and Title: KIMBERLY HARRIS - DIRECTOR, PRESIDENT
Address: 16078 STATE HIGHWAY 20 NICEVILLE, FLORIDA 32578	Address: 16078 STATE HIGHWAY 20 NICEVILLE, FLORIDA 32578
Name and Title: TOMMY SILVA JR - DIRECTOR	Name and Title:
Address: 16078 STATE HIGHWAY 20 NICEVILLE, FLORIDA 32578	Address:
Name and Title:	Name and Title:
Address:	Address:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

16 MAY 10 PM 12:05

APPROVED AND FILED

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: THOMAS SILVA

Address: 4392 HAGEN COURT

NICEVILLE, FLORIDA 32578

16 MAY 10 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

ARTICLE VII INCORPORATOR

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

Name: THOMAS SILVA

Address: 16078 STATE HIGHWAY 20

NICEVILLE, FLORIDA 32578

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

_____ May 9 2016

Required Signature of Registered Agent 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.

_____ MAY 9 2016

Required Signature of Incorporator Date