

N160000004727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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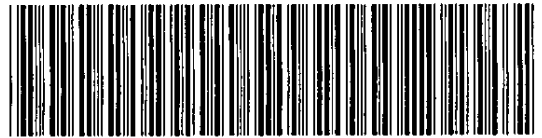
(Business Entity Name)

(Document Number)

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DATE: 5/10/16

NAME: GLOBAL APIOLOGY INC.

TYPE OF FILING: ARTICLES

COST: 78.75

RETURN: CERTIFIED COPY PLEASE

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:
16078 STATE HIGHWAY 20

NICEVILLE, FLORIDA 32578

Mailing address, if different is:
16078 STATE HIGHWAY 20

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

Address: 16078 STATE HIGHWAY 20
NICEVILLE, FLORIDA 32578

Name and Title: KIMBERLY HARRIS - DIRECTOR, PRESIDENT

Address: 16078 STATE HIGHWAY 20
NICEVILLE, FLORIDA 32578

Name and Title: TOMMY SILVA JR - DIRECTOR

Address: 16078 STATE HIGHWAY 20
NICEVILLE, FLORIDA 32578

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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

APPROVED
AND
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16 MAY 10 PM 12:05
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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: THOMAS SILVA
Address: 16078 STATE HIGHWAY 20
NICEVILLE, FLORIDA 32578

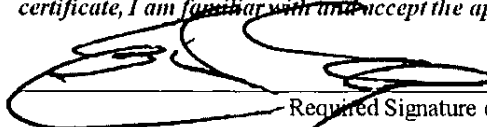
ARTICLE VIII EFFECTIVE DATE:

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:

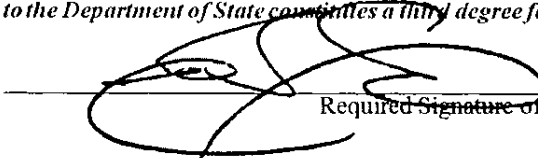


Required Signature of Registered Agent

MAY 9 2016

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

MAY 9 2016

Date