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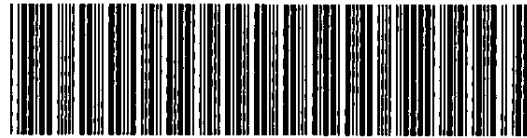
Gill Garcia GAVE
AUTHORIZATION BY PHONE TO

CORRECT off date + state of formation

DATE 11/8/12

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2012 NOV -5 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
11/5/12

8:20:00 NOV 08 2012

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 **Leon County Farm Bureau, LAA.** 790637
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 **Leon County Farm Bureau, Inc.**
4. **FEI/EIN Number:** 596177354 **Email Address:** Karen.Loewen@ffbic.com
5. If not effective on the date of filing, enter the effective date: Nov. 5, 2012

Signed this 13th day of September, 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: [Signature]

Printed Name: Glen D. Nyman Title: President

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

Signature: [Signature]

Printed Name: Glen D. Nyman

Address: 3280 Horseshoe Trail Tallahassee FL 32312

Title: President

Signature: [Signature]

Printed Name: Robert R. Poppell

Address: 2703 Brenner Pass, Tallahassee, FL 32303

Title: Vice President

Signature: David C. Register

Printed Name: DAVID C. REGISTER

Address: 15011 SUNRAY ROAD TALLAHASSEE, FL 32309

Title: Secretary

Signature: Jimmy Hall

Printed Name: Jimmy Hall

Address: 14033 Re coco Rd TALLA FL 32309

Title: Treasurer

Signature: Ellis R. Smith

Printed Name: ELLIS R. SMITH

Address: 2683 SARGWOOD LN. TALLAHASSEE, FL. 32309

Title: Director

Signature: Timmy C. Wright Sr.

Printed Name: Timmy C. Wright Sr.

Address: 10517 VALENTINE RD. So. Tallahassee, FL 32317

Title: Director

Signature: Gaylord A. Johnston

Printed Name: GAYLORD A. JOHNSTON

Address: 6100 WALLABOUT LANE TALLA 32309

Title: Director

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

ARTICLE I NAME

The name of the corporation shall be **LEON COUNTY FARM BUREAU, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal Office Address:

3375-C Capital Circle NE
Tallahassee, FL 32308

Mailing Address, if different, is:

Same

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Section 1. To promote, foster and encourage more efficient and progressive agriculture.

Section 2. To enable the farmers and growers of Florida to enjoy the manifold benefits of joint and collective effort.

Section 3. To work for the solution of the problems of the farm, the farm home, and rural community, by the use of recognized advantages of organized action, to the end that those engaged in the various branches of agriculture may have opportunity for happiness and prosperity in their chosen work.

Section 4. To represent, protect and advance the social, economic and educational interests of farmers in Florida.

Section 5. To cooperate with Florida Farm Bureau Federation and through it, with the American Farm Bureau Federation, and with the Agricultural Extension Service in bringing their resources to the farmers of Florida.

Section 6. To do and perform any and all acts and things necessary, proper, convenient or desirable for and to affect the full and complete exercise and enjoyment of any and all of the powers and purposes of the Corporation hereby created.

This Corporation does not contemplate pecuniary gain to the members thereof.

ARTICLE IV DIRECTORS

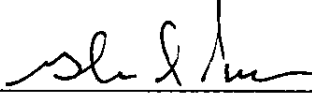
The property, affairs, business, and operation of the Corporation shall be managed by a Board of Directors, which shall be elected as provided in the Bylaws.

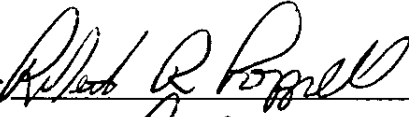
ARTICLE V OFFICERS

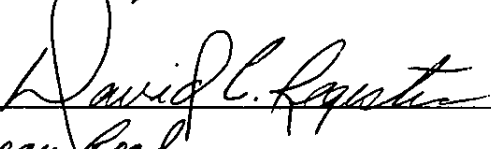
The officers of the Board shall consist of a President, a Vice President, a Secretary, a Treasurer, and such other officers as may be elected or appointed. All officers shall be elected or appointed as provided in the Bylaws.

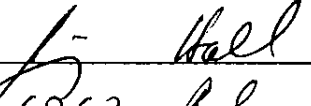
ARTICLE VI INITIAL OFFICERS AND/OR DIRECTORS

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

President and Director  Glen D. Nyman
Address 3280 Horseshoe Trail
City, State, Zip Tallahassee, FL 32312

Vice President and Director 
Address 2703 Brennan Pass
City, State, Zip Tallahassee, FL 32303

Secretary and Director 
Address 15011 Sunray Road
City, State, Zip Tallahassee, FL 32309

Treasurer and Director  Jimmy Hall
Address 14033 Rocco Rd
City, State, Zip Talla, FL 32309

Director Ellis R. Smith

Address 2683 SARAWOOD LN. TALLAHASSEE, FL. 32307

City, State, Zip _____

Director Jimmy C. Wright Sr

Address 10517 VALENTINE RD. So.

City, State, Zip Tallahassee, FL 32317

Director Gaylord A. Johnston

Address 6100 WALKABOUT LANE

City, State, Zip TALHA, FL 32309

ARTICLE VI REGISTERED AGENT

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

Name: **Glen D. Nyman**

Florida Street Address: 3375-C Capital Circle NE
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

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

Name: **Glen D. Nyman**

Florida Street Address: 3375-C Capital Circle NE
Tallahassee, FL 32308

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

9-13-12

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

9-13-12

Date