

NR000010571

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AUTHORIZATION BY PHONE TO
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DATE *11/8/12*
REC. EXAM. *Jell*

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11/05/12-01035-029 **105.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

EFFECTIVE DATE
11/5/12

RECEIVED 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 Statues, 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: *Glen D. Nyman*

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: *Glen D. Nyman*

Printed Name: **Glen D. Nyman**

Address: **3280 Horseshoe Trail Tallahassee Fl. 32312**

Title: President

Signature: *Robert R. Poppele*

Printed Name: **ROBERT R. POPPELE**

Address: **2703 BANNER Lane, Tallahassee, Fl. 32303**

Title: Vice President

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TALLAHASSEE, FLORIDA
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449

EFFECTIVE DATE 11/5/12

Signature: David C. Register
Printed Name: DAVID C. REGISTER
Address: 15011 Sunday Road TALLAHASSEE, FL 32309
Title: Secretary

Signature: J. H. Hall
Printed Name: Jimmy Hall
Address: 14033 Racooco Rd Tally FL 32309
Title: Treasurer

Signature: Ellis R. Smith
Printed Name: ELLIS R. SMITH
Address: 2683 SARGWOOD LN. TALLAHASSEE, FL. 32309
Title: Director

Signature: Jimmy C. Wright
Printed Name: JIMMY C. WRIGHT JR.
Address: 10517 VALENTINE RD. SO. TALLAHASSEE, FL 32317
Title: Director

Signature: Gaylord A. Johnston
Printed Name: GAYLORD A. JOHNSTON
Address: 6101 WALKABOUT LANE TALLAHASSEE, FL 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: Mailing Address, if different, is:

3375-C Capital Circle NE
Tallahassee, FL 32308

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TALLAHASSEE, FLORIDA

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.

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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 Shelton Glen D. Nyman

Address 3280 Horseshoe Trail

City, State, Zip Tallahassee, FL 32312

Vice President and Director Bob R. Powell

Address 2703 Bremen Pass

City, State, Zip Tallahassee, FL 32303

Secretary and Director David L. Roqueta

Address 15011 Sunray Road

City, State, Zip Tallahassee, FL 32309

Treasurer and Director J. Hall Jimmy Hall

Address 14033 Rococo Rd

City, State, Zip Talla, FL 32309

Director Ellis R. Smith

Address 2683 SARAWOOD LN. TALLAHASSEE, FL 32309

City, State, Zip _____

Director Jimmy C. Wright Sr

Address 10517 VALENTINE RD. SO.

City, State, Zip Tallahassee, FL 32317

Director CAYLOR D. JOHNSTON

Address 6100 WALKABOUT LANE

City, State, Zip TALLAHASSEE, 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**

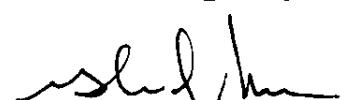
ARTICLE VII INCORPORATOR

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.

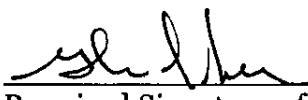


Required Signature of Registered Agent

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