

N/130000000527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

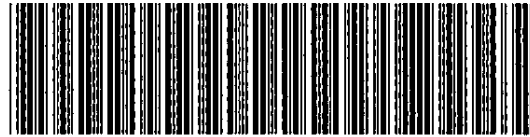
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

771343

Office Use Only



100241504421

01/16/13--01014--002 \*\*105.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 JAN 14 PM 2:46

1/16/13  
[Signature]

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JAN 14 PM 2:46

**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 **Levy County Farm Bureau, LAA.**
2. The Limited Agricultural Association was initially formed under ss.604.09-604.14, Florida Statutes, on **January 22, 1951.**
3. The name of the Florida Profit Not For Profit Corporation as set forth in the **attached Articles of Incorporation** is **Levy County Farm Bureau, Inc.**
4. **FEI/EIN Number:** 590762995      **Email Address:** Carol.Wilson@ffbic.com
5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_

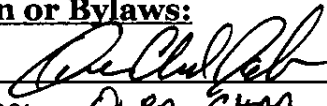
Signed this 11 day of December, 2012

**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: 

Printed Name: Owen Charles Johnson Title: President

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

Signature: 

Printed Name: Owen Charles Johnson

Address: PO Box 1088 Chickland FL 32644

Title: President

Signature: 

Printed Name: Cecil W. Benton

Address: 550 SE 215 Ave Merriston, FL 32668

Title: Vice President

Signature: 

Printed Name: Arlene Bell

Address: 312 E. Park Ave. Chetland FI


Title: Secretary/Treasurer

Signature: 

Printed Name: Travis B. Wilgus

Address: 312 E Park Ave Chetland FI

Title: Director

Signature: 

Printed Name: Brad Etheridge

Address: 312 E Park Ave Chetland FI

Title: Director

Signature: 

Printed Name: V.E. Whitehurst II

Address: 312 E Park Ave Chetland FI

Title: Director

Signature: 

Printed Name: Hollie Hudson

Address: 312 E Park Chetland FI

Title: Director

Signature: 

Printed Name: Wesley Sacko

Address: 312 E Park Chetland

Title: Director

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Title: Director

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

13 JAN 14 PM 2:44

**ARTICLE I NAME**

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

**ARTICLE II PRINCIPAL OFFICE**

Principal Office Address:

Mailing Address, if different, is:

312 East Park Avenue  
Chiefland, FL 32626

PO Box 998  
Chiefland, FL 32644

**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 Owen Chad Johnson  
Address PO Box 1088  
City, State, Zip Chiefland FL 32644

Vice President and Director Cecil W. Benton  
Address 550 SE 215 Ave  
City, State, Zip Morrison, FL 32668

Secretary/Treasurer and Director Quincy Zee  
Address 312 EAST PARK AVE  
City, State, Zip Chiefland FL 32626

Director Travis B Wiggall  
Address 16241 Nc 60th St  
City, State, Zip Williston, FL 32696

Director Brad Etheridge  
Address 14451 NE 20th St.  
City, State, Zip Williston, FL 32696

Director VE Whitehurst IV  
Address 440 NE 3rd Ave  
City, State, Zip Williston, FL 32696

Director Rollin Hudson  
Address 312 East Park Ave.  
City, State, Zip Chiefland FL 32626

Director Wesley Sache  
Address 312 East Park Ave  
City, State, Zip Chiefland FL 32626

Director \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: **Owen Chad Johnson**

Florida Street Address: 312 East Park Avenue  
Chiefland, FL 32626

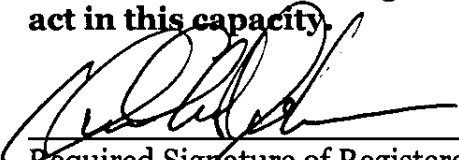
**ARTICLE VII INCORPORATOR**

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

Name: **Owen Chad Johnson**

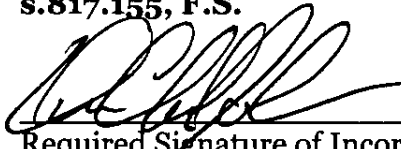
Florida Street Address: 312 East Park Avenue  
Chiefland, FL 32626

**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

12/11/12  
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

12/11/12  
Date