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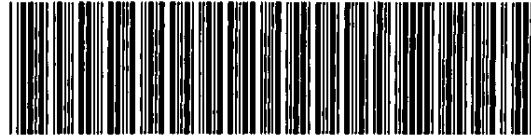
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

h 06/26/14

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Chipola Beekeepers Association Inc.

Enclosed is an original and one copy of the Articles of Incorporation and
a check for \$78.75, filing fee & Certificate of Status

From Herschel J Veitch
7772 Howell Road
Sneads, Florida 32460
850-276-4243
Hjveitch9@gmail.com

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the Corporation shall be: Chipola Beekeepers Association, Inc.

ARTICLE II Principal office

Principle street address is 2741 Pennsylvania Avenue Suite #4, Marianna, Florida 32448, mailing address is the same.

ARTICLE III Purpose

The purpose for which the Corporation is organized is:

1. Promote non-Africanized honeybees and beekeeping generally to broaden the knowledge of beekeeping and to improve beekeeping skills among its members.
2. Act as an educational resource in the development and promotion of beekeeping and its methods to the public and local communities, and to foster the best management practices and techniques in Apiary management.
3. Act in the interest of domesticated bees and their beekeepers in protecting and conducting beekeeping affairs.
4. Act as representatives of the Chipola Beekeepers' members in protecting and conducting beekeeping affairs.
5. Encourage all members to interact positively and pro-actively with the State of Florida and other adjacent state apiary officials, commercial beekeepers, beekeeping supply houses, federal agricultural officials, university researchers, and the elected representatives and citizens of the region centered around Marianna, Florida.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

1. Annually, during the month of October there will be an election to elect new members to the Board. Even number years the Vice President and treasurer and member at Large, will be elected. On odd numbered years the President and secretary will be elected to this body and collectively they will be known as the "Board of Managers". A person will be elected by simple majority of the members present at the election meeting date. All members and spouses who are current on their dues will be allowed 1 vote per person at this meeting.

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2. In case an elected Manager is unable or unwilling to carry out their responsibilities the Board of Managers may appoint a club member to fill the vacancy until the next scheduled election meeting.

ARTICLE V INITIAL OFFICERS/MANAGERS

Name and Title Mr. Herschel J Veitch-President

Address 7772 Howell Road, Sneads, Florida 32460

Name and Title Mrs. Karen Jackson- Vice President

Address 4415-C Constitution Lane , Marianna, Florida 32448

Name and Title Mrs Cheryl Chasteen – Secretary

Address 4282 Pooser Road, Marianna Florida 32448

Name and Title Mr. Tim Powell-Treasurer

Address 492 City Square Road, Alford, Florida 32420.

Name and Title Mr. Roger McDonald-Member at Large

Address 4488 Lime Street, Marianna, Florida 32446

ARTICLE VI REGISTERED AGENT

Name and street address of the registered agent is;

Mr. Herschel J. Veitch

7772 Howell Road, Sneads, Florida 32460

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is;

Mr. Herschel J. Veitch

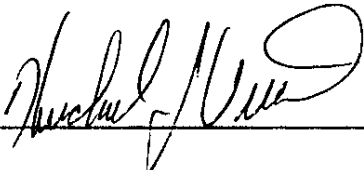
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ARTICLE VIII DISPOSITION OF ASSETS UPON DISSOLVING OF THE CORPORATION

In the case that the Chipola Beekeepers Association Inc. decides to dissolve for what ever reason, the following conditions will be used. Assets will be used to satisfy financial obligations. Any real property hives, supplies and or inventory can either be sold or given to the Florida State Beekeepers association, or any other active Beekeepers association chosen by the club members. No monetary assets or property will be given or dispersed to club members although members may purchase assets of the club at a fair market value and proceeds used to satisfy obligations or donated to an approved entity as stated above.

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

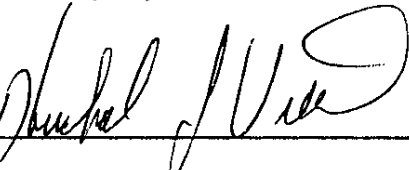


Required signature of Registered Agent

21 May 2014

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

21 May 2014

Date

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