

N 16 00000 3636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

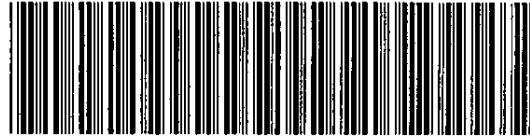
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Brevard Backyard Beekeepers Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Clifton L. Best

Name (Printed or typed)

2821 Shepard Drive

Address

Rockledge, Fl. 32955

City, State & Zip

321-759-5111

Daytime Telephone number

besthoneybees@outlook.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I NAME

The name of the corporation shall be: Brevard Backyard Beekeepers Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:
2821 Shepard Drive
Rockledge, Fl. 32955

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Foster the promotion of science based, sustainable, best management practices

To act in the interest of beekeepers in the protection, and conducting of beekeeping affairs.

To provide a venue to collaborate, educate and support participating beekeepers.

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ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Majority
vote by the members present, Annually

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clifton L. Best / President

Address: 2821 Shepard Drive
Rockledge, Fl. 32955

Name and Title: Stuart Rowen / V.P.

Address:

Name and Title: Jennell Jones / Secretary

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

CLB

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: Clifton L. Best
Address: 2821 Shepard Dr.
Rockledge, Fl. 32955

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Clifton L. Best
Address: 2821 Shepard Dr.
Rockledge, Fl. 32955

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

Clifton L. Best
Required Signature of Registered Agent

4/1/16
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.

Clifton L. Best
Required Signature of Incorporator

4/1/16
Date