

N/60000/651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

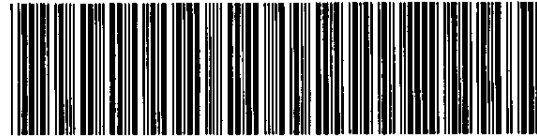
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800293039088

100

100

12/07/16 -01004- -010 **76.00

RECEIVED
DEPT. OF JUSTICE
16 DEC -7 AM 11:07

2 12/07/16

COVER LETTER

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

SUBJECT: FLORIDA TREE FARM PROGRAM 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: RON MASON CPA

Name (Printed or typed)

2940 KERRY FOREST PARKWAY, STE 103

Address

TALLAHASSEE, FL. 32309

City, State & Zip

850 765-4036

Daytime Telephone number

RONMASONCPA@GMAIL.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: FLORIDA TREE FARM PROGRAM INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
402 EAST JEFFERSON STREET

TALLAHASSEE, FL. 32302-1696

Mailing address, if different is:

SAME

16 DEC -7 PM 9:17
SECRET
11-15-17

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROMOTE FOREST STEWARDSHIP; TO REACH OUT AND

PROVIDE EDUCATIONAL OPPORTUNITIES TO FOREST LANDOWNERS; GIVE FOREST LANDOWNERS AN OPTION

TO HAVE A CERTIFIED FOREST WITH THE RESULT BEING SUSTAINABLE FORESTS.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Open recommendations to Board of Directors; Elections held across Full Board.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVE NORTON - PRESIDENT

Address: 4498 NE CHERRY LAKE CIRCLE
MADISON, FL. 32240

Name and Title: GREG MARSHALL - VP

Address: 410 SE OLENO PARK ROAD
HIGH SPRINGS, FL 32643

Name and Title: ROY LIMA - PAST PRESIDENT

Address: 3125 CONNER BLVD
TALLAHASSEE, FL. 32399-1650

Name and Title: STEVE LLOYD - VP INSPECTIONS

Address: 4316 W INTERNATIONAL DR
DAYTONA BEACH, FL. 32124

Name and Title: CHRIS DEMERS - VP COMMUNICA

Address: P.O. BOX 110410
GAINESVILLE, FL. 32611

Name and Title: SHAWN COOK - VP FINANCE

Address: 2500 GREEN CIRCLE PKWY
COTTONDALE, FL. 32431

Name and Title: GUIGN WYCHE - REP
Address: 766 ROLLERCOASTER
HILL RD
MADISON, FL. 32340

Name and Title: JON GOULD - REP
Address: 4923 WINDWOOD CIR
BIRMINGHAM, AL
35242

Name and Title: MIKE BRANCH - DIR
Address: P.O. BOX 1696
TALLAHASSEE, FL
32302

Name and Title: BOB WOODARD - DIR
Address: 2305 CHARLES CRT
TALLAHASSEE, FL.
32303

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: RONALD N MASON, CPA
Address: 2940 KERRY FOREST PKWY, STE 103
TALLAHASSEE, FL. 32309

RECEIVED
16 DEC 7 4M 9:17

ARTICLE VII INCORPORATOR

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

Name: RONALD N MASON, CPA
Address: 2940 KERRY FOREST PKWY, STE 103
TALLAHASSEE, FL. 32309

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 days prior or 90 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



Required Signature of Registered Agent

12-7-16

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.



Required Signature of Incorporator

12-7-16

Date