

N20000004514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

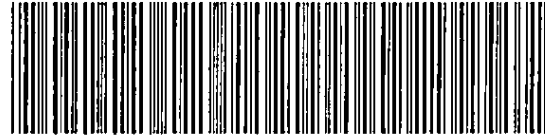
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400343725124

04/27/20--01003--002 * 70.00

FILED
2020 APR 24 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2020 APR 24 PM 3:50
TALLAHASSEE, FLORIDA

RECEIVED

APR 27 2020

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 04/24/2020

☐ **CERTIFIED COPY**

XX **PHOTOCOPY**

☐ **CUS**

XX **FILING**

ARTICLES

1. FLORIDA PEANUT PRODUCESRS ASSOCIATION, INC.

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

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

SUBJECT: FLORIDA PEANUT PRODUCERS ASSOCIATION, 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: Michael J. Barker, Esq.
Name (Printed or typed)
4190 Belfort Road, Suite 450
Address
Jacksonville, Fl. 32216
City, State & Zip
904-226-3660
Daytime Telephone number
ken@flpeanuts.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 PEANUT PRODUCERS ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2741 PENN AVENUE

Mailing address, if different is:

SUITE 1

MARIANNA, FL 32448

2020 APR 24 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To work for and represent Florida's peanut farmers in the areas of promotion, research and education,
and any other lawful business deemed appropriate by the Board of Directors.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: annual majority vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ken Barton, Executive Director

Address: 2741 Penn Avenue, Suite 1

Marianna, FI 32448

Name and Title: Michael Davis P, D

Address: 2741 Penn Avenue, Suite 1

Marianna, FI 32448

Name and Title: Larry Ford VP, D

Address: 2741 Penn Avenue, Suite 1

Marianna, FI 32448

Name and Title: David DeFelix S, T, D

Address: 2741 Penn Avenue, Suite 1

Marianna, FI 32448

Name and Title: Michael Nowling D

Address: 2741 Penn Avenue, Suite 1

Marianna, FI 32448

Name and Title: Joe Tillman D

Address: 2741 Penn Avenue, Suite 1

Marianna, FI 32448

Name and Title: James Marshall D
Address: 2741 Penn Avenue, Suite 1
Marianna, FL 32448

Name and Title: Rollin Hudson D
Address: 2741 Penn Avenue, Suite 1
Marianna, FL 32448

Name and Title: Scott Robinson D
Address: 2741 Penn Avenue, Suite 1
Marianna, FL 32448

Name and Title: Ernest Fulford D
Address: 2741 Penn Avenue, Suite 1
Marianna, FL 32448

ARTICLE VI REGISTERED AGENT

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

Name: Michael J. Barker, Esq.
Address: 4190 Belfort Road, Suite 450
Jacksonville, FL 32216

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael J. Barker
Address: 4190 Belfort Road, Suite 450
Jacksonville, FL 32216

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

4/24/2020

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

4/24/2020

Date

REC'D
TALLAHASSEE, FL
2020 APR 24 AM 10:52