

N2400007113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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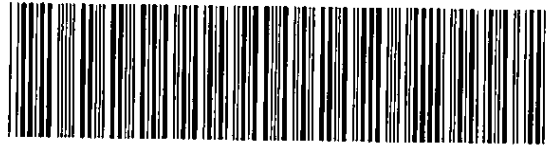
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: American Farm to Institute 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: ~~Palisades~~ Palisades Management
Name (Printed or typed)

10080 Mahan Drive
Address

Tallahassee, FL 32309
City, State & Zip

(850) 284 - 9483
Daytime Telephone number

LAFAI082@yahoo.com
E-mail address: (to be used for future annual report notification)

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DIVISION OF STATE

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

ARTICLE I NAME

The name of the corporation shall be: American Farm to Institute Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

10080 Mahan Drive

Tallahassee, FL 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Bridge the gaps between America's ⁽ⁿ⁾ grown
commodities and institutions. Encourage, educate and train
on ^{benefits of} consumption, ~~the~~ ^{provide the} benefits that allow ~~consumers~~ and foster
for purposeful economic relationships between institutions and
America's producers/farmers. Outreach to assist farmers & producers
with getting their products into institutions as well as
provide opportunities for hands on action planning to ^{reach} ~~reach~~ goals.

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

Appointed by vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Natasha Smith CEO Name and Title: _____

Address: 10080 Mahan Drive Address: _____

Tallahassee, FL 32309

Name and Title: Cornelius Smith CEO Name and Title: _____

~~CEO~~ Address: _____

Address: 10080 Mahan Drive

Tallahassee, FL 32309

Name and Title: Micah Scott AMBA Name and Title: _____

Address: 10080 Mahan Drive Address: _____

Tallahassee, FL 32309

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TALLAHASSEE, FL
2024 JUN 13 AM 9:47

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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: Mich Scott

Address: 10080 Mahan Drive
Tallahassee, FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mich Scott

Address: 10080 Mahan Drive
Tallahassee, FL 32309

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/08/2024 (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

Mich Scott

Required Signature of Registered Agent

06/13/2024
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.

Mich Scott

Required Signature of Incorporator

06/13/2024
Date

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DEPARTMENT OF STATE