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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION
NextGen AgriSolutions Inc.

Certificate of Status	0
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Page Count	02
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: NextGen AgriSolutions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7901 4th St N

STE 300

St. Petersburg FL 33702

Mailing address, if different is:

7901 4th St N

STE 300

St. Petersburg FL 33702

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To empower farmers and communities in the Southeast United States by promoting sustainable agriculture, innovative farming practices, and eco-friendly living. Through education, grant management, and wellness initiatives, NextGen AgriSolutions fosters environmental stewardship, enhances food security, and supports healthier, greener lifestyles for future generations.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karly McGraw - Director

Address: 7901 4th St N STE 300
St. Petersburg, FL 33702

Name and Title: Kadyn Kadyn - Director

Address: 7901 4th St N STE 300
St. Petersburg, FL 33702

Name and Title: Mary Lucas - Director

Address: 7901 4th St N STE 300
St. Petersburg, FL 33702

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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 TAP

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: Registered Agents IncAddress: 7901 4th St N STE 300St. Petersburg FL 33702**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Robin JonesAddress: 7901 4th St N STE 300St. Petersburg FL 33702**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 Agent01/14/2025_____
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 Incorporator01/14/2025_____
DateFILED
2025 JAN 14 PM 2:14
TAMPA, FLORIDA
CLERK OF THE CIRCUIT COURT