

N9600000504

Wiskinda Kerrin
 Requestor's Name
P.O. Box 923
 Address
Tall, FL 32302 671-3796
 City/State/Zip Phone #

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 *****78.75 *****78.75

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- New Horizons ^{Farmers} Cooperative Inc.
 (Corporation Name) (Document #)
- _____
 (Corporation Name) (Document #)
- _____
 (Corporation Name) (Document #)
- _____
 (Corporation Name) (Document #)

- ☒ Walk in
 ☒ Pick up time _____
 ☐ Certified Copy
☐ Mail out
☐ Will wait
☐ Photocopy
☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
 96 JAN 30 PM 9
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Handwritten signature and date 1-30-96

Examiner's Initials	
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**ARTICLES OF INCORPORATION OF
NEW HORIZONS FARMERS COOPERATIVE, INC.
A FLORIDA NONPROFIT COOPERATIVE ASSOCIATION**

FILED
96 JAN 30 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We, the undersigned persons engaged in the production and marketing of agricultural products have voluntarily associated ourselves together for the purpose of forming an agricultural cooperative association under and by virtue of the laws of the State of Florida, and particularly under the provisions of Chapter 619 of the Florida Statutes, and certify to the following:

ARTICLE I. NAME

The name of this association shall be New Horizons Farmers Cooperative, Inc.

ARTICLE II. PURPOSE

The purpose for which the association is formed is to:

- a) engage in any cooperative activity in connection with the producing, marketing, or selling of agricultural products, as that term is defined in the Florida Statutes; and
- b) measurably improve the quality of life for members of the association.

ARTICLE III. PRINCIPAL OFFICE

The principal office for the transaction of business of the association within the State of Florida is located at P.O. Box 20635, Tallahassee, Florida 32316. The registered agent is Zald Haynes.

ARTICLE IV. DURATION

The term of existence is 50 years.

ARTICLE V. NAMES AND ADDRESS OF DIRECTORS

The names and addresses of the directors who shall manage the affairs of the association for the first year, unless sooner changed by the members are:

Zald Haynes	P.O. Box 20635	Tallahassee, FL 32316
Regina Clarke	1602 Arizona	Tallahassee, FL 32304
Maria Henry	1307 Miccosukee Rd	Tallahassee, FL 32308
Mlaisha Mitchell	2130 Charter Oak Dr.	Tallahassee, FL 32303

ARTICLE VI. MEMBERSHIP INTERESTS

The property rights and interest of each member shall be equal. New members shall be admitted on the following terms and conditions:

A member must have an interest and motivation in and agree with the purposes and goals of the association.

The provisions of this article shall not be altered, amended or repealed, except by vote of three-fourths of the members of this association.

Dated: 1/9/96

Zald Haynes
Regina Clark

Marina Henry
Minisha Mitchell

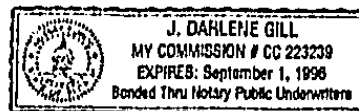
1/2/95

STATE OF FLORIDA
COUNTY OF LEON

Before me, a notary public, on this day personally appeared Zald Haynes known to me to be the person whose name is subscribed to the foregoing documents and acknowledged to me that he executed the documents for the purposes and consideration therein expressed.

Witness my hand and seal, this 8 day of ^{JANUARY, 1996} ~~December, 1995~~.

J. Darlene Gill
Notary Public, State of Florida
My commission expires: 9-1-96



**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Chapter 619, Florida Statutes, the undersigned association, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the association is:

NEW HORIZONS FARMERS COOPERATIVE, INC.
2. The name and address of the registered agent and office are:

Zaid Haynes
4462 Luminous Lane
Tallahassee, Florida 32311

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED ASSOCIATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.


Zaid Haynes

Date: January 2, 1995

FILED
96 JAN 30 4 19 95
SECRETARY OF STATE
TALLAHASSEE, FLORIDA