Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000248699 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

| Email Address: |
|----------------|
|----------------|

FLORIDA PROFIT/NON PROFIT CORPORATION FRANKLIN VILLAGE INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 04 |
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COVER LETTER

H24000248699

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassec, FL 32314

| Turius as a second | .51 * | | |
|---|---|--|--|
| SUBJECT: Frank | klin Village Inc. (PROPOSED CORPOR | ATE NAME – <u>MUSTINCL</u> | UDE SUFFIX) |
| Enclosed are an ori | ginal and one (1) copy of the ar | ticles of incorporation and | a check for: |
| □ \$70.00 Filing Fee | ☐ S78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy ADDITIONAL CO | S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED |
| FROM: | | ne (Printed or typed) ork St. Apt. 1 Address | |
| West Palm Beach, FL 33401 City, State & Zip (310) 739-7789 Daytime Telephone number | | | |
| _ | goodman.chris@me.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 607 and/or Chapter 621, F.S. (Profit) H24000248699

| ICLE I NAM. name of the corpor | E ation shall be: Franklin Village Inc. | |
|------------------------------------|--|---------------------------------------|
| ICLE II PRIN | <u>CIPAL OFFICE</u> Principal <u>street</u> address | Mailing address, if different is: |
| 705 New York | St. Apt. 1 | |
| West Palm E | Beach, FL 33401 | |
| TCLE III PURF purpose for which | POSE the corporation is organized is: Starting | ng a new business in Florida |
| | | |
| | - | · · · · · · · · · · · · · · · · · · · |
| | | |
| | | |
| TICLE IV SHAI | RES | |
| number of shares o | fstock is: 100 | <u></u> |
| TICLE V INITI | AL OFFICERS AND/OR DIRECTORS | |
| | | CEO Name and Title: |
| Address | 705 New York St. Apt. 1 | |
| | West Palm Beach, FL 33401 | |
| | Trest Lam Deadit, 1 - 55-701 | |
| Name and Title | e: | Name and Title: |
| Address | | |
| | | |
| | | |
| Name and Title | e: | Name and Title: |
| Address | | |
| | | |
| | | |
| | | |

| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is. Name: Capitol Corporate Services, Inc. Address: 515 E. Park Ave. 2nd FL Tallahassee, FL 32301 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Christopher J Goodman Address: 705 New York St. Apt. 1 West Palm Beach, FL 33401 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 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 certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Kim Tadlock, as Asst. Secretary 7/23/24 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted detautoring it in Department and affirm that the facts stated herein are true. I am aware that the false information submitted detautoring it in Department and affirm that the facts stated herein are true. I am aware that the false information submitted after the false information submitted after the factor state as third degree felony as provided for in s.817.155, F.S. 7/16/2024 | Name and | Title: | Name and Title: | H24000248699 |
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