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PICK-UP

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(Document Number)

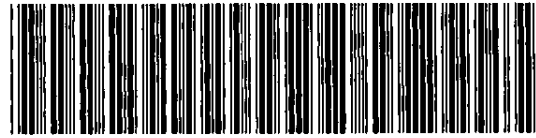
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Certificates of Status

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02/26/10--01001--001 \*\*128.75

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2010 FEB 25 PM 1:13  
FOR INFORMATION  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
10 FEB 25 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Franklin Publishing, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of  
Status

ADDITIONAL COPY REQUIRED

FROM: David Mills  
Name (Printed or typed)

P.O. Box 454  
Address

Apalachicola, Fl. 32328  
City, State & Zip

850-323-0927  
Daytime Telephone number

ChronicleNewspaper@yahoo.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)

**FILED**  
 10 FEB 25 PM 1:29  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: *Franklin Publishing Inc*

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is: *78-11<sup>th</sup> St. Apalachicola, Fl. 39329*  
*P.O. Box 454 Apalachicola, Fl. 39329*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *Newspaper Printing & Publishing*

**ARTICLE IV SHARES**

The number of shares of stock is: *-100*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s): *Pres/Dir. David Mills*  
*P.O. Box 454*  
*Apalachicola, Fl. 39329*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
*David Mills*  
*207 Hathcock Rd.*  
*Apalachicola, Fl. 39329*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
*David Mills*  
*P.O. Box 454*  
*Apalachicola, Fl. 39329*

\*\*\*\*\*

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

*David Mills*  
 \_\_\_\_\_  
 Signature/Registered Agent  
*David Mills*  
 \_\_\_\_\_  
 Signature/Incorporator

*2-25-2010*  
 \_\_\_\_\_  
 Date  
*2-25-2010*  
 \_\_\_\_\_  
 Date