

P12000013822

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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RECEIVED  
12 FEB -9 PM 12:51  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
12 FEB -9 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PK 2/9/12

## COVER LETTER

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

SUBJECT: FRANKLIN QUINTESSENCE CORP  
(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: KEYSTON FRANKLIN  
Name (Printed or typed)  
5660 OLD HICKORY LANE  
Address  
TALLAHASSEE, FL 32303  
City, State & Zip  
312-363-7224  
Daytime Telephone number  
KEYM007@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)

**ARTICLE I NAME**

The name of the corporation shall be: FRANKLIN QUINTESSENCE CORP

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5660 OLD HICKORY LANE  
TALLAHASSEE, FL 32303

Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: FINANCE AND INSURANCE CONSULTING

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: KEYSTON FRANKLIN, P  
Address: 5660 OLD HICKORY LANE  
TALLAHASSEE, FL 32303

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: MYKAL PERKINS, VP  
Address: "

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: KEYSTON FRANKLIN  
Address: 5660 OLD HICKORY LANE  
TALLAHASSEE, FL 32303

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KEYSTON FRANKLIN  
Address: 5660 OLD HICKORY LANE  
TALLAHASSEE, FL 32303

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

Keyston Franklin

Required Signature/Registered Agent

02/09/12

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Keyston Franklin

Required Signature/Incorporator

02/09/12

Date