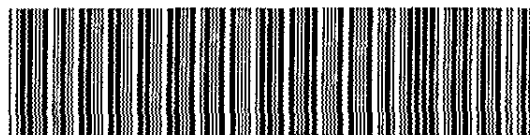


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STATE
TALLAHASSEE, FLORIDA



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AL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 JAN 14 PM 12:51

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: Franklin Services, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Peter SANTANGELO
(Name of Person)

Albion Group
(Firm/Company)

2520 NW 97 Ave. Suite 110
(Address)

Miami, FL 33172
(City/State and Zip code)

For further information concerning this matter, please call:

Angela Gonzalez at (305) 406-1000
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

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IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

03 JAN 14 PM 12:11

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. Franklin Services, Inc

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware 3. 11-3322710
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/14/1996 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. May 2002
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 265 E. Merrick Road, Suite 209
(Principal office address) Valley Stream, NY 11580

same
(Current mailing address)

8. Consulting
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Peter Santangelo

Office Address: 2520 NW 97 Ave, Suite 110
Miami, Florida 33172
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Peter Santangelo
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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03 JAN 14 PM 12:51

A. DIRECTORS

Chairman: _____

Address: _____

FLORIDA STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Andrew Titley
265 E. Merrick Rd. Ste. 209
Valley Stream NY 11580

Director: _____

Address: _____

Peter Santangelo
2520 NW 97 Ave. Ste. 110
Miami FL 33172

B. OFFICERS

President: _____

Address: _____

Andrew Titley
265 E. Merrick Rd. Ste. 209
Valley Stream NY 11580

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

Peter Santangelo
2520 NW 97 Ave Suite 110 Miami, FL 33172

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. _____

Peter Santangelo, Director
(Typed or printed name and capacity of person signing application)

Delaware

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The First State

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03 JAN 14 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FRANKLIN SERVICES, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF
DECEMBER, A.D. 2002.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

2628724 8300

AUTHENTICATION: 2176352

020727792

DATE: 12-30-02