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### **COVER LETTER**

	tration Section ion of Corporations			
CHRIF <i>C</i> T.	Frankly Development, Cor	p.		
SUBJECT	Nam	e of corporation -	must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign 6 Existence," or "Certificated foreign corporation to	te of Good Stand	ing" and check are subm	Business in Florida," aitted to register the
Please return	all correspondence concer	ning this matter t	o the following:	
Paul J. Burkha	irt, Esq.			_
<del></del>	-	Name of P	erson	-
Law Offices o	f Paul J. Burkhart, PL			
		Firm/Comp	pany	
800 Village Se	quare Crossing			
		Addres	SS	
Palm Beach G	iardens, FL 3341			
		City/State an	d Zip code	
pattifrank313(	= =		<u> </u>	
	E-mail addre	ess: (to be used fo	or future annual report no	otification)
For further in	iformation concerning this	matter, please ca	ıll:	
Linette Alvara	ado	561 at (	880-0155	
Nam	ne of Person	Area Code	Daytime Teleph	one Number
Regi Divis The ( 2415	EET/COURIER ADDRI stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 8 thassee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
Enclosed is a Please make c ■ \$70.00 Fi		DEPARTMENT	OF STATE \$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

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.

i.		oment, Corp.  orporation; must include "INCORPORATED,"  orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
	Frankly Develop	oment, Inc.			
	(If name unavaila	ible in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Flo	rida)	
2.	New York	3			
٠-٠	(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
4.	06/05/1997	5			
4.	(Date	of incorporation) 5.	(Date of duration, if other than perpetual)		
6					
6.		(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)			
7	441 Neptune Road	d, Juno Beach, FL 33408			
		(Principal office	street address)		
	441 Neptune Roa	id. Juno Beach. FL 33408			ن
		(Current mailing	address, if different)	24 AUG 27	SIAI
				SO	12.5K
8.	Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	;27	977
	Name:	Law Offices of Paul J. Burkhart, PL		圣	364r
О	ffice Address:	800 Village Square Crossing		ο: ⊒	STA!
		Palm Beach Gardens	, Florida <u>33410</u>		10 Hg
		(City)	(Zip code)		
H de fu	laving been nam esignated in this orther agree to co	application, I hereby accept the appointme		capa	city. I

10. 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.

A. DIRECTORS			
□Chairman	Name: Patricia Frank	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	Juno Beach, FL 33408	□Director	
■ President		□President	
□Vice President		□Vice President	
□ Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	Other	□Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	☐ Treasurer
□Other	Other	□Other	□Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	<del></del>	□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	☐ Treasurer
□Other	□Other	□Other	Other
	Use an attachment to report more than six (6). The attachment to the index when filling your Florida Department	ent of State Annual R	
12.	Signature of Director of	or Officer	
The officer or dire she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in numberalse information submitted in a document to the Depart	r 11 above) affirms t ment of State constit	tutes a third degree felony as provided for in
	cryped or printed name and capacity or pers	an againt appareant	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

**Entity Name:** 

FRANKLY DEVELOPMENT CORP

**DOS ID Number:** 

2150261

Entity Type:

DOMESTIC BUSINESS CORPORATION

**Entity Status:** 

**EXISTING** 

Date of Initial Filing with DOS:

06/05/1997

Statement Status:

PAST DUE DATE

Statement Due Date:

06/30/2009

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on June 28, 2024 at 03:12 P.M.

WALTER T. MOSLEY Secretary of State

Brandon C Higher

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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