

L23000182436

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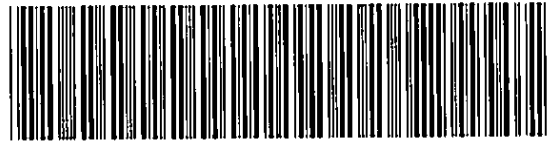
(Business Entity Name)

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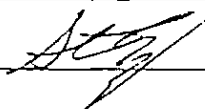
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FRANALON, LLC

Please Debit I20000000257 For: 125

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

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____ Dissolution / Withdrawal _____
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____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

ARTICLES OF ORGANIZATION

OF

FRANALON, LLC

The undersigned, as the authorized representative of the initial member(s) of **FRANALON, LLC**, a Florida limited liability company formed hereunder (the "Company"), on behalf of the member(s) of the Company, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I
COMPANY NAME

The name of the Company is **FRANALON, LLC**.

ARTICLE II
MANAGEMENT

The Company will be a manager managed company. The managers are Kevin R. Boyle and Conrad J. Boyle.

ARTICLE III
MAILING ADDRESS AND STREET ADDRESS OF COMPANY

The mailing address and the street address of the principal office of the Company is:

c/o Kevin R. Boyle
Stradley Ronon
2005 Market Street, Suite 2600
Philadelphia, PA 19103-7018


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TALLAHASSEE, FLORIDA

ARTICLE IV
REGISTERED AGENT AND REGISTERED AGENT ADDRESS

The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

Conrad J. Boyle
Mombach, Boyle, Hardin & Simmons, P.A.
100 N.E. Third Avenue, Suite 1000
Fort Lauderdale, Florida 33301.

IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial member(s) of the limited liability company hereby executes these Articles of Organization, this 12th day of April, 2023.



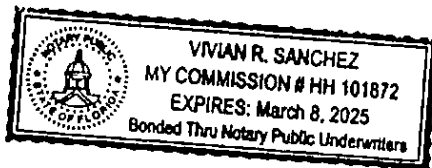
CONRAD J. BOYLE

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

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STATE DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by means of ✓ physical presence
or online notarization, on April 12TH, 2023 by Conrad J. Boyle, who is personally known to me or
who has produced as identification.



A handwritten signature in black ink, appearing to read "Vivian R. Sanchez", written over a horizontal line.

Signature of Notary

Printed Name: Vivian R. Sanchez

Having been named as registered agent and to accept service of process for the above
Limited Liability Company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am
familiar with and accept the obligations of my position as registered agent as provided for in Chapter
605, F.S.

DATED this 12TH day of April, 2023.

A handwritten signature in black ink, appearing to read "Conrad J. Boyle", written over a horizontal line.

CONRAD J. BOYLE