

PO2000117382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

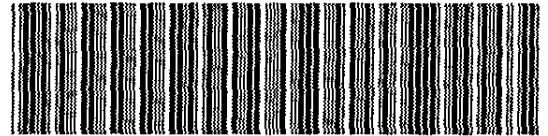
(Business Entity Name)

(Document Number)

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02 OCT 30 AM 11:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

12/21

ORIGINAL

TRANSMITTAL LETTER

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

SUBJECT: Franklin Trace, 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: Barbara AJ Arnold
Name (Printed or typed)

540 Carillon Pkwy, # 1095
Address

ST Petersburg, FL 33716
City, State & Zip

(727) 572-5496
Daytime Telephone number

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)

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TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Franklin Trace, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

540 Carillon Pkwy, Ste 1095
St. Petersburg, FL 33716

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide supplemental permanent and contract staff
augmentai

ARTICLE IV SHARES

The number of shares of stock is:

(100) One hundred

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Barbara A J Arnold, President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Barbara A J Arnold
540 Carillon Pkwy, Ste 1095
St Petersburg, FL 33716

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Barbara A J Arnold
540 Carillon Pkwy, ste 1095
St. Petersburg, FL 33716

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

Barbara A J Arnold
Signature/Registered Agent

10-27-2
Date

Barbara A J Arnold
Signature/Incorporator

10-27-2
Date