P04000162811

(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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TRANSMITTAL LETTER

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

SUBJECT: Franklin Mobile Medicine, 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: Nancy V. Chorba
Name (Printed or typed)

872 East Pine Ave
Address

St George Island, Fl 32328
City, State & Zip

850-927-3401
Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Mobile Medicine, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

139 Deer Patch Lane
Apalachicola, Fl 32320

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To practice medicine through house calls.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

2500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Nancy V. Chorba is president, vice president, secretary and treasurer

Address: 139 Deer Patch Lane Apalachicola, Fl. 32320

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Nancy V. Chorba
872 East Pine Ave.
St. George Island, Fl 32328

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Nancy V. Chorba
139 Deer Patch Lane
Apalachicola, Fl 32320

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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

Nancy V Chorba
Signature/Registered Agent — 11/26/04 Date

Nancy V Chorba
Signature/Incorporator — 11/26/04 Date