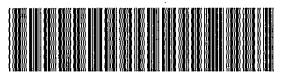
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(Requestor's Name)				
(Ad	dress)			
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(Cit	y/State/Zip/Phone	→#)		
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PICK-UP		MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:	}		
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Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT: FRANK	CLIN MASONRY INC		
\	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	lacheck for
Enclosed are an orig	smar and one (1) copy or are are	cies of incorporation and	a check for.
□ \$70.00	2 \$78.75	\$78.75	\$87.50
Filing Fee	•	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	
			& Certificate of
		ADDITIONAL CO	Status
		ADDITIONAL CO	DF 1 REQUIRED
EDOM: JA	MES K. FRANKLIN		
PROM.	Name	(Printed or typed)	
	6514 COUNTY HWY 1087		
		Address	
		A 32433	
	City	, State & Zip	
	850-305-0548	Telephone number	
	Davinic	€ 0.50 D.1.1.0.61.0.0.1.0.0.1.0.0.1.0.0.1.0.0.1.0.0.1.0.0.0.1.0	

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 MASONRY INC

EFFECTIVE DATE: FEBRUARY 15, 2005

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 6514 COUNTY HWY 1087 DEFUNIAK SPRINGS, FL 32433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSTRUCTION - MASONRY

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES @ \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JAMES K. FRANKLIN - PRESIDENT 6514 COUNTY HWY 1087 DEFUNIAK SPRINGS, FL 32433

JASON THOMAS - DIRECTOR 400 KELLY ROAD, APT. 28 NICEVILLE, FLORIDA 32578

ARRON GEMINA - DIRECTOR 6131 OLD HICKORY ROAD, CRESTVIEW, FL 32539

ARTICLE VI REGISTERED AGENT

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

JAMES K. FRANKLIN 6514 COUNTY HWY 1087 DEFUNIAK SPRINGS, FL 32433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Signature/Incorporator

JAMES K. FRANKLIN 6514 COUNTY HWY 1087 DEFUNIAK SPRINGS, FL 32433 2-15-05

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

Signature/Registered Agent

02/14/05 2/14/05

02/14/05 2/14/05 Date

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