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(Business Entity Name)

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RECEIVED  
12 FEB -9 PM 12:51  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
12 FEB -9 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PS 2/9/12

**COVER LETTER**

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

**SUBJECT:** FRANKLIN QUINTESSENCE CORP  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>			

**FROM:** KEYSTON FRANKLIN  
Name (Printed or typed)

5660 OLD HICKORY LANE  
Address

TALLAHASSEE, FL 32303  
City, State & Zip

312-363-7224  
Daytime Telephone number

KEYM007@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

**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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be: FRANKLIN QUINTESSENCE CORP

12 FEB -9 PM 1:06

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5660 OLD HICKORY LANE  
TALLAHASSEE, FL 32303

Mailing address, if different is:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: FINANCE AND INSURANCE CONSULTING

**ARTICLE IV SHARES**

The number of shares of stock is: 500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: KEYSTON FRANKLIN, P  
Address: 5660 OLD HICKORY LANE  
TALLAHASSEE, FL 32303

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: MYKAL PERKINS, VP  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: KEYSTON FRANKLIN  
Address: 5660 OLD HICKORY LANE  
TALLAHASSEE, FL 32303

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KEYSTON FRANKLIN  
Address: 5660 OLD HICKORY LANE  
TALLAHASSEE, FL 32303

*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*

Keyston Frankl

Required Signature/Registered Agent

02/09/12

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

Keyston Frankl

Required Signature/Incorporator

02/09/12

Date