

~~W20002876~~

## COVER LETTER

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

SUBJECT: Franchise Training Institute, 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  
(previously sent)  
☐ \$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: Sabrina Wall  
Name (Printed or typed)  
1080 Woodcock Road, Suite 295  
Address  
Orlando, FL 32803  
City, State & Zip  
321-445-3500  
Daytime Telephone number  
sabrina@franchiseba.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



To Whom it May Concern:

Please be advised that the Franchise Training Institute, Inc. is filing an Article of Dissolution with the state of Florida. We do not intend to revoke the dissolution and release the name for immediate use.

It is our intent to file an Article of Incorporation using the same name and therefore, do not want the corporation name to be placed on hold. The Article of Dissolution and Article of Incorporation will be filed simultaneously to ensure the business name can remain intact.

Please let me know if you have any questions. Thank you in advance.

Sincerely,

Sabrina Wall (Officer/Director/Registered Agent)

12 MAY - 1 PM 4:27

SECRET  
NO FORN DISSEM  
NO UNCLASSIFIED  
NO UNCLASSIFIED

**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: Franchise Training Institute, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1080 Woodcock Road  
Suite 295  
Orlando, FL 32803

Mailing address, if different is:

1080 Woodcock Road  
Suite 295  
Orlando, FL 32803

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all Lawful Business

**ARTICLE IV SHARES**

The number of shares of stock is: 5000

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

Name and Title: Sabrina Wall / Director

Address: 1080 Woodcock Road  
Suite 295  
Orlando, FL 32803

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

Address: \_\_\_\_\_

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

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: Sabrina Wall  
Address: 1080 Woodcock Road, Suite 295  
Orlando, FL 32803

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sabrina Wall  
Address: 1080 Woodcock Road, Suite 295  
Orlando, FL 32803

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]  
Required Signature/Registered Agent

4/30/12  
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.

[Signature]  
Required Signature/Incorporator

4/30/12  
Date

FILED  
DIVISION OF CORPORATIONS  
12 MAY - 1 PM 4:27