

P13000050168

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FILED  
13 JUN -4 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
6/10/13

## COVER LETTER

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

SUBJECT: **FRANCHISE ALLIANCE, 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: **STEPHEN G. PARSONS**

Name (Printed or typed)

**1050 CRYSTAL WAY**

Address

**DELRAY BEACH FL 33444**

City, State & Zip

**954-695-3577**

Daytime Telephone number

**sparsons3577@gmail.com**

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 21, 2013

STEPHEN G PARSONS  
1050 CRYSTAL WAY  
DELRAY BEACH, FL 33444

SUBJECT: FRANCHISE DEVELOPMENT GROUP INC  
Ref. Number: W13000029673

RECEIVED  
13 JUN -4 PM 3:27  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for FRANCHISE DEVELOPMENT GROUP INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 313A00012797

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 ALLIANCE, INC

FILED

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1050 CRYSTAL WAY  
DELRAY BEACH FL 33444

Mailing address, if different is:

SAME

13 JUN -4 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SELLING FRANCHISES AND OTHER FINANCIAL TYPE TRANSACTIONS.

**ARTICLE IV SHARES** 10,000

The number of shares of stock is:

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

Name and Title: STEPHEN G. PARSONS PRESIDENT

Address: 1050 CRYSTAL WAY  
DELRAY BEACH FL 33444

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

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

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

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

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

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

(cont)

FILED

Name and Title: \_\_\_\_\_ Name and Title: 13 JUN -4 AM 10:30  
Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_  
\_\_\_\_\_ TALLAHASSEE, FLORIDA  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

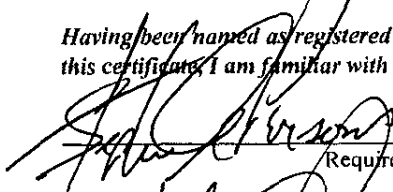
Name: STEPHEN G. PARSONS  
Address: 1050 CRYSTAL WAY  
DELRAY BEACH FL 33444

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

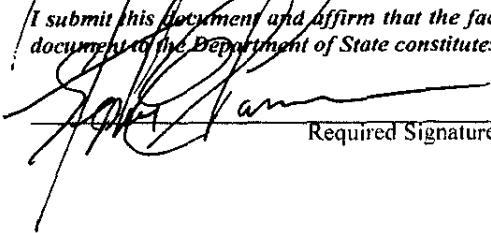
Name: STEPHEN G. PARSONS  
Address: 1050 CRYSTAL WAY  
DELRAY BEACH FL 33444

*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.*

  
\_\_\_\_\_  
Required Signature/Registered Agent

5/31/13  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

5/31/13  
\_\_\_\_\_  
Date