

P14000053422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

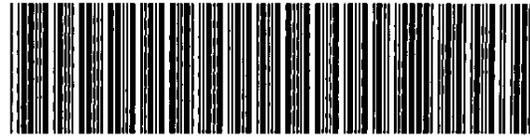
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900261296699

06/18/14--01029--010 **78.75

FILED
14 JUN 18 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J 6/19/14

COVER LETTER

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

SUBJECT: Franklin Supply, 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: Alice Hale Fox

Name (Printed or typed)

409 North Sawyer Street

Address

St. George Island, Fl 32328

City, State & Zip

(850) 927-3958

Daytime Telephone number

arealfox@mchsi.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUN 18 PM 2:05

FILED

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 Supply, Inc.

FILED

14 JUN 18 PM 2:05

ARTICLE II PRINCIPAL OFFICE
Principal street address
409 North Sawyer St.
St. George Island, FL 32328

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

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|--|-----------------|-------------------------|
| Name and Title: | <u>Alice Hale Fox / PD</u> | Name and Title: | _____ |
| Address | <u>409 N. Sawyer St.</u> <u>St. George Island, FL</u> <u>32328</u> | Address: | _____ _____ _____ |

| | | | |
|-----------------|-------------------------|-----------------|-------------------------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address | _____ _____ _____ | Address: | _____ _____ _____ |

| | | | |
|-----------------|-------------------------|-----------------|-------------------------|
| Name and Title: | _____ | Name and Title: | _____ |
| Address | _____ _____ _____ | Address: | _____ _____ _____ |

(conti.)

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Alice Hale Fox
 Address: 409 N. Sawyer St.
St. George Isld, FL 32328

ARTICLE VII INCORPORATOR

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

Name: Alice Hale Fox
 Address: 409 N. Sawyer St.
St. George Isld, FL 32328

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

Alice Hale Fox June 16, 2014
 Required Signature/Registered Agent 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.

Alice Hale Fox June 16, 2014
 Required Signature/Incorporator Date

FILED
 14 JUN 18 PM 2:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA