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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number: I19990000242 Phone

: (215)563-8113

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## FLORIDA PROFIT/NON PROFIT CORPORATION

The Franchise Consulting Company, Inc.

Certificate of Status	0
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APR 1 2 2016

T. SCOTT

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Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corp	The Franchise Consultioration shall be:	ng Company, Inc.		
ARTICLE II PRI	<u>VCIPAL OFFICE</u> Principa) <u>street</u> address ad		Mailing address, if different is:	•
Coral Gables, FL 33				
RTICLE III PUR he purpose for whic	POSE h the corporation is organized is:	ess and management co	nsulting	
			<del></del>	
			A	NUSIN O
			<b>-</b>	037
RTICLE IV SHA	RES 1,000 Shares, Par Value \$1.0 of stock is:	0 Per Share	9: 07	STATE
RTICLE V INIT	IAL OFFICERS AND/OR DIRECTOR tle: Nicholas Neonakis, Director	_	Nicholas Neonakis, President	
Address 12601 Old	12601 Old Cutler Road	Name and Title Address:	12601 Old Cutter Road	
	Coral Gables, FL 33156		Coral Gabies, FL 33156	
Name and Tit	Nicholas Neonakis. Secretary	Name and Title	Nicholas Neonakis, Treasurer	
Address	12601 Old Cutler Road	Address:	12601 Old Cutler Road	
	Coral Gables, FL 33156		Coral Gables, FL 33156	
·		·		- <del></del> -
Name and Titl	c:	Name and Title:		
Address		Address:		
		····		

Name	and Title:	Name and Title:
Addr	ess	Address:
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	o Colon and a service
Name:	W. Bradley Munroe. Esquire	or the registered agent is:
Address:	239 East Virginia Street	<del></del>
	Tallahassee, FL 32301	
ARTICLE VII	INCORPORATOR	
The name and	address of the Incorporator is:	
Name:	Robert Worthington, Jr.	
Address:	2021 Arch Street	_
	Philadelphia, PA 19103	_
Effective date, (If an effective days after the Note: If the da	filing.)	of be more than five business days prior or 90 business e statutory filing requirements, this date will not be listed as
this certificate,	amed as registered agent to accept service of proce I am familiar with and accept the appointment as r	
	- Whole	04/11/2016
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein ar e Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in a my as provided for in s.817.155, F.S.
d	~	04/11/2016
- Dear	wired Cinnature/Incompetator	Dose