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ALLAHASSEE, FLORG

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COVER LETTER

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

Investment

	FRANCO CORP (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
SUBJECT:					
Castoned are an orig	ginal and one (1) copy of the artic	cles of incorporation and	ia check for:		
☐ \$70.00 Filing Fee	IX S78.75Filing Fee& Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status		
ED OM:		HANA FRANCO			
- KOW.	Name (Printed or typed) 650 NE 32 STREET UNIT 3605 Address				
	MIAMI FL 33137				
_	City, State & Zip 786-365-7977				
_	Daytime Telephone number				
	GRUPOMEYER@AIM.COM E-mail address: (to be used for future annual report notification)				
	E-mail address: (to be us	ed for future annual repor	(HOttitemeno)		

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)

Truest mext

C +1 - m	<u>NAME</u>	FR	ANCO CORP		
		Start oc			<u> </u>
RTICLE <u>II</u>	PRINCIP.	AL OFFICE ncipal street address		Mailing addr	ess. if different is:
NE 32 STE	rn RFFT UNIT	пстрат <u>street</u> address Г 3605 MIAMI FL 33137			
<u> </u>			-		
RTICLE III	PURPOSI	E corporation is organized is:	ANY AND ALI	L LAWFUL BUS	INESS
ne purpose to	r which the	corporation is organized is:			
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OTICLE IV	CHARES	5 400			
RTICLE IV he number of	shares of ste	∑ 100 pokis: —			2)
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ARTICLE V			<u>ORS</u>		- -
	<u>INITIAL</u>	OFFICERS AND/OR DIRECTO		d Title:	,
	<u>INITIAL</u>	OFFICERS AND/OR DIRECTO	oresident. Name an		,
	INITIAL and Title:	OFFICERS AND/OR DIRECTO	oresident. Name an		,
Name	INITIAL and Title:	OFFICERS AND/OR DIRECTO	oresident. Name an		,
Name	INITIAL and Title:	OFFICERS AND/OR DIRECTO LEIDY JOHANA FRANCO / E 650 NE 32 STREET UNIT 36	oresident. Name an		, =
Name	INITIAL and Title:	OFFICERS AND/OR DIRECTO LEIDY JOHANA FRANCO / E 650 NE 32 STREET UNIT 36	05 Address:		,
Name	INITIAL and Title:	OFFICERS AND/OR DIRECTO LEIDY JOHANA FRANCO / E 650 NE 32 STREET UNIT 36 MIAMI FL 33137 US	05 Address:		,
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Name Addr Name	e and Title:	OFFICERS AND/OR DIRECTO LEIDY JOHANA FRANCO / p 650 NE 32 STREET UNIT 36 MIAMI FL 33137 US	oresident Name and O5 Address: Name and Ose Name and Ose Name and Ose Name and Ose	nd Title:	2.
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Name Addr Name	e and Title:	OFFICERS AND/OR DIRECTO LEIDY JOHANA FRANCO / p 650 NE 32 STREET UNIT 36 MIAMI FL 33137 US	oresident Name and O5 Address: Name and Ose Name and Ose Name and Ose Name and Ose	nd Title:	2.
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Name Addr Name	e and Title:	OFFICERS AND/OR DIRECTO LEIDY JOHANA FRANCO / p 650 NE 32 STREET UNIT 36 MIAMI FL 33137 US	oresident Name and O5 Address: Name and Ose Name and Ose Name and Ose Name and Ose	nd Title:	2.
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Name Addr Name Addr	e and Title:	OFFICERS AND/OR DIRECTO LEIDY JOHANA FRANCO / E 650 NE 32 STREET UNIT 36 MIAMI FL 33137 US	Name and Name and Name and Name and Address	nd Title:	23.
Name Addr Name	e and Title:	OFFICERS AND/OR DIRECTO LEIDY JOHANA FRANCO / E 650 NE 32 STREET UNIT 36 MIAMI FL 33137 US	oresident Name and O5 Address: Name and Name and Address	nd Title:	23.
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Name Addr Name Addr	e and Title:	OFFICERS AND/OR DIRECTO LEIDY JOHANA FRANCO / E 650 NE 32 STREET UNIT 36 MIAMI FL 33137 US	Name and Name and Name and Name and Address	nd Title:	23.

Name and	Title:	_ Name and Title:	
Address		Address:	
Addiess		_	
		_	
ARTICLE VI R The name and Flo	<u>EGISTERED AGENT</u> prida street address (P.O. Box NOT acceptable) c	of the registered agent is:	
Name:	INTERNATIONAL GRUPO MEYER LLC	_	
Address:	3001 ALOMA AVE STE 112	_	
	WINTER PARK FL 32792		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	LEIDY JOHANA FRANCO		
Address:	650 NE 32 STREET UNIT 3605		
	MIAMI FL 33137	<u> </u>	
Effective date, if (If an effective d filing.) Note: If the date	other than the date of filing: 08/21/2023 ate is listed, the date must be specific and cannot inserted in this block does not meet the applicable effective date on the Department of State's record	le statutory filing requireme	prior or 90 days after the
certificate, I am f	and as registered agent to accept service of process amiliar with and accept the appointment as registed.	s for the above stated corport tered agent and agree to act	ation at the place designated in this in this capacity $(8-19-23)$
	Required Signature Registered Agent		Date
I submit this document to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that th ony as provided for in s.817.	e false information submitted in a 155, F.S.
	Try)		08-19-23
Required Signatu	ure/Incorporator		Date
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