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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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12 JUN 21 PH 3: 03

W/2-31229

COVER LETTER

TO: New Filing Section Division of Corporatio	ns					
SUBJECT:	Marga Incorpor	uted				
SUBJECT: Murga Incorporated Name of corporation - must include suffix						
Dear Sir or Madam:						
The enclosed "Application by I "Certificate of Existence," or "above referenced foreign corpo	Certificate of Good Standing"	and check are subn				
Please return all correspondence	e concerning this matter to the	following:				
David Maur	rasse					
	へいらと Name of Person	1				
Marga Incon	Firm/Company					
1	Firm/Company					
PO Box 4565		· · · · · · · · · · · · · · · · · · ·				
	Address					
New York, M	/ 10/43 City/State and Zip					
,	City/State and Zip	code				
dmaurrasse & E-m	margainc.com ail address (to be used for futi	ire annual report no	otification)			
For further information concern	ning this matter, please call:					
Name of Person	at (217) 9 Area Code &	799770 2 Daytime Telepho	ne Number			
STREET/COURIER New Filing Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle	MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations . 32314			
Enclosed is a check for the following	owing amount: Previor	15 14 5 Vl	on the d			
\$70.00 Filing Fee \$7	8.75 Filing Fee & \$78.7	75 Filing Fee & ified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy			



June 7, 2012

DAVID MAURRASSE 245 PARK AVENUE NEW YORK, NY 10167

SUBJECT: MARGA INCORPORATED

Ref. Number: W12000031229

We have received your document for MARGA INCORPORATED 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 of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The alternate name that you have chosen is not available. Please select a new name.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Pamela Smith Regulatory Specialist II

www.sunbiz.org

Letter Number: 912A00016182

Division of Compositions DO DOV 6997 Tollahosson Florida 9991

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Margo (Enter name of c "Inc.," "Co.," "C	reported orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ΈD,	" "COMPANY," "CORPORATION,"		-
Marga (If name unavail	South Incorporate de la	ame	adopted for the purpose of transacting business i	n Florida)	_
2. New You (State or country)	under the law of which it is incorporated)	_ 3.	(FEI number, if applicable)		_
(Date	of incorporation)	<i>J.</i>	perpetual (Duration: Year corp. will cease to exist or "pe	rpetual")	-
6	4/1/12				
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60	7.15	n Florida, if prior to registration) 602, F.S., to determine penalty liability)		.
7. Marga I	ncorporated, 245 Parl	<u>_</u> add	Avenue, 39th Floor, New Y	'O(k, 1	NY 1016
Maga Inco	orporated, 10 Box 4565, (Current mailing	Nt add	W York, NY 10/63 ress)		_
8. <u>Manage</u> r	nent Consulting) of corporation authorized in home state			12	
(Purpose(s) of corporation authorized in home state	or co	untry to be carried out in state of Florida)	2 JUN 2	355 355 355 355 355 355 355 355 355 355
9. Name and stree	t address of Florida registered agent:	(P.C	. Box NOT acceptable)	12	927
Name:	David Mayorasca			70	250 440 100 100 100 100 100 100 100 100 10
name.	David Maurrasse C35 Euclid Amenue,		~	PH 3: 03	PDR S
Office Address:	GBS EUClid Avenue,	77	<u>105</u>	<u> </u>	ATIO
4	Miami Beach (City)		, Florida 33/39	ယ	3
	(City)		(Zip code)		•
Having been nam designated in this further agree to c	application, I hereby accept the appo	intn es re	ce of process for the above stated corporation tent as registered agent and agree to act in the elative to the proper and complete performa sition as registered agent.	this capa	city. I

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: Director: Address: Director: B. OFFICERS President: <u>David Maurrasse</u> Address: Marga Incorposaka, P.O. Box 4565 New York, NY 10163 Vice President: Address: Secretary: Address: Treasurer: _____ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. <u>David Manyas se</u>
(Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MARGA, INCORPORATED was filed on 01/10/2002, under the name of DJM & ASSOCIATES, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment DJM & ASSOCIATES, INC., changing its name to MARGA, INCORPORATED, was filed 07/18/2003.



12 JUN 21 PM 3: N3

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 18th day of May two thousand and twelve.

First Deputy Secretary of State