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TRANSMITTAL LETTER

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

700004530027--7

-08/13/01--01057--023

*****78.75 *****78.75

SUBJECT: MARGOT BRENNAN, INC.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: MARGOT BRENNAN

Name (Printed or typed)

5755 Wynnedale Circle

Address

W. Palm Beach, FL 33417

City, State & Zip

(561) 683-4536

Daytime Telephone number

01 AUG 13 AM 11:28
FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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

8-16-01
102

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: MARGOT BRENNAN, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5755 Wynnedale Circle
W. Palm Bch., FL 33417

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS


The name and Florida street address of the initial registered agent are:

MARGOT BRENNAN
5755 WYNNEDALE CIRCLE
W. PALM BEACH, FL 33417

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MARGOT BRENNAN
5755 WYNNEDALE CIRCLE
W. PALM BEACH, FL 33417


Signature/Incorporator

8/9/01
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent

8/9/01
Date

FILED
01 AUG 13 AM 11:29
TALLAHASSEE
SECRETARY OF STATE
FLORIDA