

P10000082021

(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



300186298133

10/06/10--01016--005 **70.00

FILED
2010 OCT -6 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/08/2010 OCT 08 2010

COVER LETTER

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

SUBJECT: The Law Offices of Margaret E. O'Neill, P.A.
(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: Margaret E. O'Neill
Name (Printed or typed)

905 E. Martin Luther King Jr. Dr., Ste. 240
Address

Tarpon Springs, FL 34689
City, State & Zip

727-505-1538
Daytime Telephone number

maggieon@hotmail.com
E-mail address: (to be used for future annual report notification)

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

FILED
2010 OCT -6 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: The Law Offices of Margaret E. O'Neill, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address
905 E. MLK Jr. Dr., Ste. 240
Tarpon Springs, Florida 34689

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide legal services to clients

ARTICLE IV SHARES

The number of shares of stock is: One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Margaret E. O'Neill
Address: 905 E. MLK Jr. Dr., Ste. 240
Tarpon Springs, FL 34689
President

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Margaret E. O'Neill
Address: 905 E. MLK Jr. Dr., Ste. 240
Tarpon Springs, Florida 34689

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Margaret E. O'Neill
Address: 905 E. MLK Jr. Dr., Ste. 240
Tarpon Springs, FL 34689

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

Margaret E. O'Neill
Required Signature/Registered Agent

10/3/2010
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.

Margaret E. O'Neill
Required Signature/Incorporator

10/3/2010
Date

FILED
2010 OCT -6 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA