## P11000065682

(Requestor's Name)			
(Address)			
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(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Soomeon Emaily Name)			
(Document Number)			
Certified Copies Certificates of Status			
Consideration As Ellin Off			
Special Instructions to Filing Officer:			

Office Use Only

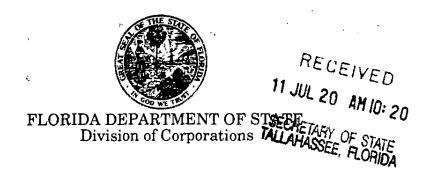


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W11-36586



July 13, 2011

MARGARET WILLIAMS 6878 W ATLANTIC BLVD. MARGATE, FL 33063

SUBJECT: MARGARET DELIVERY SERVICES INC.

Ref. Number: W11000036886

We have received your document for MARGARET DELIVERY SERVICES INC. 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 211A00016616

## **COVER LETTER**

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

## SUBJECT: MARGARET DELIVERY SERVICES INC. (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  ## Certificate of Status	\$78.75  Filing Fee  & Certified Copy  & Certificate of Status  ADDITIONAL COPY REQUIRED
FROM: MARGARET WILLIAMS Name	(Printed or typed)
6878 W ATLANTIC BLVI	O. Address
MARGATE FLORIDA 33 City, 5	3063 State & Zip
954 444 5095  Daytime To	elephone number
STAMMAWILLIAMS@YA E-mail address: (to be used	AHOO.COM I for future annual report notification)

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)

<b>ARTICLE I</b> The name of the co	NAME MARGARET DELIVER' rporation shall be:	Y SERVICES INC.		
ARTICLE II	PRINCIPAL OFFICE			
•	Principal street address	Mailing ad	dress, if different is:	
	878 W ATLANTIC BLVD			
7	MARGATE, FLORIDA 33063			
RTICLE III	PURPOSE			
he purpose for w	hich the corporation is organized is:			
TO DELIVER	GOODS AND PRÖVIDE SERVICES	S IN AND AROUND T	HE STATE OF FLORI	
RTICLE IV	SHARES			
ne number of sna	res of stock is: IOO			
RTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	<u> </u>		
Name and Ti	itle:THOMAS WILLIAMS (P)			
Address:	6878 W ATLANTIC BLVD.	Address:		
	MARGATE, FL 33063	<del></del>	· .	
		_		
Name and T	HoLAAA DOA DET VAULLIAMO (V/D. C. T	"\ Name and Title:		
Address:	tle:MARGARET WILLIAMS (VP, S, T 6878 W ATLANTIC BLVD.	Address:		
Audiess.	MARGATE, FL. 33063		· · · · · ·	
	MARGATE, FL. 33003			
Name and T	itle:	Name and Title:		
Address:		Address:		
		<del>-</del>		
	REGISTERED AGENT		AP =	
	rida street address (P.O. Box NOT acceptable) o	t the registered agent is:		
Name:	MARGARET WILLIAMS	_	Conserve	
Address:	6878 W ATLANTIC BLVD.	_	SS S FEBRUAR	
•	MARGATE, FL. 33063	<del>-</del>	THE TAX MARKET	
RTICLE VII	INCORPORATOR			
	Iress of the Incorporator is:		등의 및 투학	
Name:	THOMAS WILLIAMS	_	코르 5	
Address:	6878 W ATLANTIC BLVD.	_		
	MARGATE, FL. 33063	<del></del>		
avina hoon nam	ed as registered agent to accept service of proces	ss for the above stated cornor	ration at the place designated	
is certificate. I ai	n familiar with and accept the appointment as reg	sistered agent and agree to ac	t in this capacity	
as certificane, 1 as	W()	,		
	Marinellian		DIIUMSOII	
	Required Signature/Registered Agent	,	Date	
•			/	
submit this docu	ment and affirm that the facts stated herein are	e true. I am aware that the f	alse information submitted in	
ocument to the D	epartment of State constitutes a third degree felor	y as provided for in s.817.155	5, F.S.	
$\supset$ i	1.1/1/1		on of	
Thomas			07.06	
	Required Signature/Incorporator		Date	