

P12000094546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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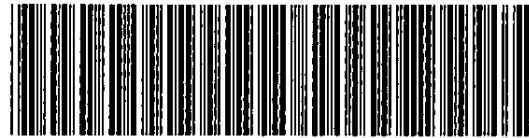
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 NOV 13 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
11/14/12

## COVER LETTER

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

SUBJECT: MARGATE TUTORS, 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  
☐ \$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: MARGATE TUTORS, INC  
Name (Printed or typed)

6306 BUENA VISTA DRIVE  
Address

MARGATE FL 33063  
City, State & Zip

(954)968-4292  
Daytime Telephone number

http://www.margatetutors.com/ Jancoda@gmail.com  
E-mail address: (to be used 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)

**ARTICLE I NAME**

The name of the corporation shall be: **MARGATE TUTORS, INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**6306 BUENA VISTA DRIVE**  
**MARGATE FL 33063**

Mailing address, if different is: **SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**TO CONDUCT ALL LEGAL AND LAWFUL BUSINESS IN THE STATE OF FLORIDA AND THE CONTINENTAL UNITED STATES OF AMERICA.**

**ARTICLE IV SHARES**

The number of shares of stock is: **1000 SHARES OF common stock PAR VALUE OF \$1.00 PER SHARE**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **JANETT T. CODLING, MGR** Name and Title: \_\_\_\_\_  
Address: **6306 BUENA VISTA DRIVE** Address: \_\_\_\_\_  
**MARGATE FL 33063**

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: **JANETT T. CODLING**  
Address: **6306 BUENA VISTA DRIVE**  
**MARGATE FL 33063**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **JANETT T. CODLING**  
Address: **6306 BUENA VISTA DRIVE**  
**MARGATE FL 33063**

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

  
Required Signature/Registered Agent

**11/09/2012**  
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.

  
Required Signature/Incorporator

**11/09/2012**  
Date