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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215) 563-8113
Fax Number : (215) 977-9386

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JUN 19 AM 9:21

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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REGISTRATION
COMMERCIAL
SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
MARGATE PACKAGING, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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Corporate Filing Menu

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JUN 20 2018

Brumley

6/19/2018

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME MARGATE PACKAGING, INC.

The name of the corporation shall be _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

165 West Ashland Street

Doylestown, PA 18901

Mailing address, if different is:

P.O. Box 1077

Doylestown, PA 18901

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Packaging business

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Robert Rosen, Director	Name and Title:	Barbara Rosen, Director
Address:	P.O. Box 1077 Doylestown, PA 18901	Address:	P.O. Box 1077 Doylestown, PA 18901

Name and Title:	Robert Rosen, President	Name and Title:	Barbara Rosen, Treasurer
Address:	P.O. Box 1077 Doylestown, PA 18901	Address:	P.O. Box 1077 Doylestown, PA 18901

Name and Title:	Barbara Rosen, Secretary	Name and Title:	
Address:	P.O. Box 1077 Doylestown, PA 18901	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: W. Bradley Munroe, Esquire
 Address: 239 East Virginia Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Neil I. Mitten, Esquire
 Address: 3790 Brian Court
Huntingdon Valley, PA 19003

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

6/19/18
 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

6/18/2018
 Date