

P22000018250

412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

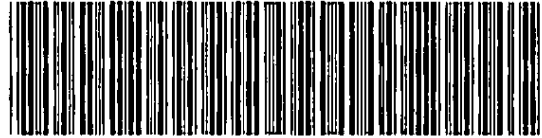
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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## COVER LETTER

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

SUBJECT: Margaret 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Law 4 Small Business

Name (Printed or typed)

320 Gold Ave. SW, Ste. 620

Address

Albuquerque, NM 87102

City, State & Zip

505-715-5700

Daytime Telephone number

Filings@L4SB.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: Margaret Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

101 Marketside Avenue

Suite 404, PMB 114

Ponte Verda, Florida 32081

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any lawful purpose

**ARTICLE IV SHARES**

The number of shares of stock is: 100,000 100

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

Name and Title: Margaret Kayo, Chief Executive Officer

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

Address 101 Marketside Avenue

Address: \_\_\_\_\_

Suite 404, PMB 114

Ponte Verda, Florida

Name and Title: Margaret Kayo, Secretary

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

Address 101 Marketside Avenue

Address: \_\_\_\_\_

Suite 404, PMB 114

Ponte Verda, Florida

Name and Title: Margaret Kayo, Chief Financial Officer

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

Address 101 Marketside Avenue

Address: \_\_\_\_\_

Suite 404, PMB 114

Ponte Verda, Florida

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: Registered Agents Inc.

Address: 7901 4th Street North, Suite 300

St. Petersburg, FL 33702

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Laurence S. Donahue, Esq.

Address: 320 Gold Ave. SW, Ste. 620

Albuquerque, NM 87102

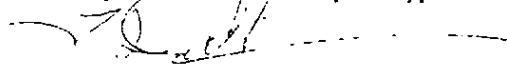
**ARTICLE VIII EFFECTIVE DATE:**

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.

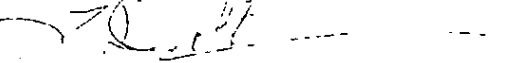
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

02/01/2022

\_\_\_\_\_  
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

02/01/2022

\_\_\_\_\_  
Date