

**P230000048292**

Florida Department of State  
Division of Corporations  
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## FLORIDA PROFIT/NON PROFIT CORPORATION

**Marglo Advisors Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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CORPORATIONS  
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Help

**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: Marglo Advisors Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address181 West Main St Ste 200Babylon, NY 11702

Mailing address, if different is:

181 West Main St Ste 200Babylon, NY 11702**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to engage in any lawful act or activity for  
which corporations may be organized.**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Marc Rubin- President

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

Address 181 West Main St Ste 200

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

Babylon, NY 11702

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

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

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

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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: Marc Rubin  
Address: 100 4th Avenue South Apt. 430  
St. Petersburg, FL 33701

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Marc Rubin  
Address: 181 West Main St Ste 200  
Babylon, NY 11702

**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 business days prior or 90 business 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

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

Date

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