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EP 6/30/09

# **COVER LETTER**

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

SUBJECT:	Stratagen Engineering, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	icles 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:	Sharon L. Atkinson Name (Printed or typed)		
	8055 SE Windjammer Way Address		
	Hobe Sound, Florida 33455  City, State & Zip		
	•	-339-4785	
	Daytime Telephone number		
	datkinson.stratagen@comcast.net		
	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:

Stratagen Engineering, Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 8055 SE Windjammer Way, Hobe Sound, Florida 33455

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Engineering Consulting** 

# ARTICLE IV SHARES

The number of shares of stock is:

1,000

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Donald J. Atkinson - President/Director - 8055 SE Windjammer Way, Hobe Sound, FL 33455 Sharon L. Atkinson - Secretary/Treasurer - 8055 SE Windjammer Way, Hobe Sound, FL 33455

### ARTICLE VI REGISTERED AGENT

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

Sharon L. Atkinson

8055 SE Windjammer Way, Hobe Sound, Florida 33455

### **INCORPORATOR** ARTICLE VII

The <u>maine and address</u> of the incorporator is.	
Sharon L. Atkinson	
8055 SE Windjammer Way, Hobe Sound, Florida 33455	
***************	**********
Having been named as registered agent to accept service of proceptace designated in this certificate, I am familiar with and acceptagree to act in this capacity	<del>-</del>
Shan L. alkins-	
SHASignature/Registered Agent  Mulan L. Atkinson	Date
Signature/Incorporator SHARON L. ATKINSON	Date