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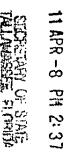
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W1000016574

COVER LETTER

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

SUBJECT:	OroGen Corporation				
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)		
Enclosed are an ori	iginal and one (1) copy of the artic	cles of incorporation ar	nd a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL C	OPY REQUIRED		
FROM: _	Clark Gale Name	Printed or typed)	····		
_	11220 Metro Park	way, Suite 1			
	F	Address			
	Ft. Myers, Fl	_ 33966 State & Zip			
	•	•			
_	(239) 454- Daytime To	1445 elephone number			
	clark henry@ya	ihoo com			
	clark.henry@ya E-mail address: (to be used	for future annual report	t notification)		

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECTIVED 11 APR -8 PH 12: 01

SECRETAL STALLS TALLAHASSEE, FLORIDA

March 23, 2011

CLARK GALEN 11220 METRO PARKWAY SUITE 1 FT. MYERS, FL 33966

SUBJECT: OROGEN CORPORATION

Ref. Number: W11000016574

We have received your document for OROGEN CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason Regulatory Specialist II

Letter Number: 511A00007106

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

ARTICLE I NA The name of the corpora	ME OroGen Corporation ation shall be:		
1 s	INCIPAL OFFICE Principal street address 1220 Metro Parkway Suite 1 It. Myers, FL 33966	Mailing a	address, if different is:
ARTICLE III PUI			PR T
The purpose for which	the corporation is organized is:		1956 6 1
	of several subsidiaries		PH 2: 37
	ARES f stock is: 20,000,000		
	TIAL OFFICERS AND/OR DIRECTOR Clark Galen, Director 11220 Metro Parkway Suite 1 Et. Myers, FL 33966	Name and Title:Address:	
Name and Title:_Address:	Ryan Brandt, Director 11220 Metro Parkway Suite 1 Ft. Myers, FL 33966	Address:	
Name and Title:_Address:		_ Address:	
ARTICLE VI RE	GISTERED AGENT		
The name and Florida Name:	street address (P.O. Box NOT acceptable) of	the registered agent is:	
Address:	Clark Galen 11220 Metro Parkway, Suite 1 Et. Myers, FL 33966	- - -	
ARTICLE VII INC	CORPORATOR		
The name and address Name: Address:		Suite 1	
Having been named as this certificate, I am fan	registered ageny to accept service of process plijar with and accept the appointment as regi	for the above stated corp istered agent and agree to d	oration at the place designated in act in this capacity
	lul Lace		03/17/2011
I submit this document	Required Signature/Registered Agent t and affirm that the facts stated herein are ment of State constitutes a third degree felony	true. I am aware that the	Date false information submitted in a
woument to the Deput	ap Cale	as provincu jor in \$61/.1	03/17/2011
	Required Signature/Incorporator		Date