P11000040240

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Eiling Officer	
Special Instructions to	rining Officer.	

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SECNETARY OF STATE
VALUE ARASSEE, FLORID

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W11-21491



RECEIVED 11 APR 25 PM 1: 12

FLORIDA DEPARTMENT OF STATEON OF CORPORATIONS

April 18, 2011

HARRY M. CLEVENGER 18510 TULIP ROAD FORT MYERS, FL 33967

SUBJECT: APOGEE DESIGN, INC.

Ref. Number: W11000021491

We have received your document for APOGEE DESIGN, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 211A00009282

COVER LETTER

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

SUBJECT: APOGEE DESIGN, INC				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: HARRY M. CLEVENGER Name (Printed or typed)				
18510 TULIP ROAD				
Address				
FORT MYERS, FLORIDA 33967 City, State & Zip				
(239) 466-6596 Daytime Telephone number				
hmcleve@yahoo.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 The name of the	NAME corporation shall be:	
ARTICLE II	PRINCIPAL OFFICE	
		Mailing address, if different is:
	18510 TULIP ROAD	
	FORT MYERS, FLORIDA 33967	
ARTICLE III	PURPOSE	
	which the corporation is organized is:	
	ONSITE WASTEWATER TREATMENT & DISPOSA	_ PERMIT APPLICATIONS TO
COMPANIE	ES, GOVERNMENT & INDIVIDUALS FOR A PROFI	Г.
ARTICLE IV The number of si	SHARES hares of stock is: (1) ONE HNO PAR'	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	
	Title: HARRY M. CLEVENGER CEO Name and Title	<u>. </u>
Address:	18510-TULIP ROAD Address:	
	FORT MYERS, FLORIDA 33967	
Nama and	Title: Nome and Title	
Address:	Title: Name and Title	
Audiess.	Address:	
	·	
Name and	Title: Name and Title	: _
Address:	Address:	
		······································
	REGISTERED AGENT	, *****
	dorida street address (P.O. Box NOT acceptable) of the registered age	nt is:
Name:	HARRY M. CLEVENGER	
Address:	18510 TULIP ROAD	2 6 23
	FORT MYERS, FLORIDA 33967	62 N 15-15
ARTICLE VII	INCORPORATOR	တို့နှေ ဟ ြီ
	ddress of the Incorporator is:	TO P TO
Name:	HARRY M. CLEVENGER	
Address:	18510 TULIP ROAD	
	FORT MYERS, FLORIDA 33967	6H 5
Transfer of the con-	· · · · · · · · · · · · · · · · · · ·	>
	med as registered agent to accept service of process for the above sta	
inis cerujiciie, i	am familiar with and accept the appointment as registered agent and	igree to act in inis cupacity
1/4	. /// 1 1 DE	4/11/11
- 78. L	L. Coras	<u> 7/////</u>
,	Required Signature/Registered Agent	Date
I submit this do	cument and affirm that the facts stated herein are true: I am aware	that the false information submitted in a
	Department of State constitutes a third degree felony as provided for it	
1	1 . ///	/ /
	MILLER	4/11/11
	Required Signature/Incorporator	Date