

P/5000001114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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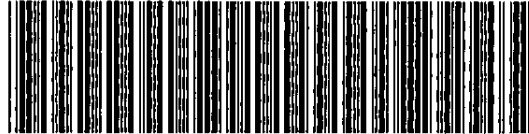
(Business Entity Name)

(Document Number)

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

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15 JAN -5 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 7 2015  
S. GILBERT

## COVER LETTER

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

SUBJECT: Orogen, 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  
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: Clark Galen  
Name (Printed or typed)  
4285 Las Palmas Way  
Address  
Sarasota, FL 34238  
City, State & Zip  
(941) 809-5092  
Daytime Telephone number  
clark.henry@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 NAME**

The name of the corporation shall be: OroGen, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Orogen, Inc.

5020 Clark Road, #111

Sarasota, FL 34233

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The general nature of the business to be transacted by this Corporation shall be to engage in any lawful business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000,000

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

Name and Title: Clark Galen

Name and Title: Director

Address: 5020 Clark Road

Address:

#111

Sarasota, FL 34233

Name and Title: Ryan Brandt

Name and Title: Director

Address: 5020 Clark Road

Address:

#111

Sarasota, FL 34233

Name and Title:

Name and Title:

Address:

Address:

(conti.)

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: Clark Gaken  
Address: 4285 Las Palmas Way.  
Sarasota, FL 34238

**ARTICLE VII INCORPORATOR**

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

Name: Clark Galen  
Address: 5020 Clark Road, #111  
Sarasota, FL 34233

*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  
01/01/2015  
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  
01/01/2015  
Date