

P/7000022638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

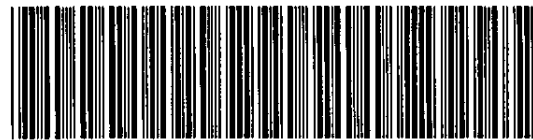
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/24/17--01017--002 **78.75

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17 MAR 13 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/14/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2017

JOHN PAPPAGEORGE
9576 SAN VITTORE STREET
LAKE WORTH, FL 33467

SUBJECT: STRATPLANS, INC.
Ref. Number: W17000016761

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

OK 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.

OK Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

OK The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 517A00003755

Corrected copy is attached

John Pappageorge

COVER LETTER

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

SUBJECT: STRAT PLANS, 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: JOHN PAPPAGEORGE
Name (Printed or typed)

9576 SAN VITTORE STREET
Address

LAKE WORTH, FL 33467
City, State & Zip

561-642-3165 or CELL: 248-505-7702
Daytime Telephone number

STRATPLANS@ATT.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: STRATPLANS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9576 SAN VITTORE STREET
LAKE WORTH, FL 33467

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE STRATEGIC AND
BUSINESS CONSULTING SERVICES.

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TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: ONE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SEN. JOHN PAPPAGEORGE, ~~COL. RET.~~ PRESIDENT
Address: 9576 SAN VITTORE STREET
LAKE WORTH, FL 33467

I am currently the sole proprietor

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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:

JOHN PAPPAGEORGE

Address:

9576 SAN VITTORE STREET
LAKE WORTH, FL 33467

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name:

JOHN PAPPAGEORGE

Address:

9576 SAN VITTORE STREET
LAKE WORTH, FL 33467

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 days prior or 90 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

John Pappageorge
Required Signature/Registered Agent

20 Feb '17
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.

John Pappageorge
Required Signature/Incorporator

20 Feb '17
Date