

P23000023329

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H23000118130 3)))



H230001181303ABCT

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
STRATAPLAN INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

21:21:12

23 MAR 29 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

H23000118130

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

SUBJECT: Strataplan Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: _____ Ben Carpel
 _____ Name (Printed or typed)

 114 NW 25th St, Suite 223
 _____ Address

 Miami, FL 33127
 _____ City, State & Zip

 (612) 280-0564
 _____ Daytime Telephone number

 ben.carpel@gmail.com
 _____ E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

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

H23000118130

ARTICLE I NAME

The name of the corporation shall be: Strataplan Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

114 NW 25th St, Suite 223

Miami, FL 33127

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: all legal purposes

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sandra Abia, CEO

Address 114 NW 25th St, Suite 223

Miami, FL 33127

Name and Title: Ben Carpel, COO

Address: 114 NW 25th St, Suite 223

Miami, FL 33127

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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23 MAR 29 PM 12:36
JALAMISSE, LOUISIANA

H23000118130

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Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Capitol Corporate Services, Inc.
 Address: 515 E. Park Ave, Floor 2
Tallahassee, FL 32301

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Ben Cappel
 Address: 114 NW 25th St., Suite #223
Miami, FL 33127

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.**Taylor Seay*

Taylor Seay, as Asst. Secretary

Required Signature/Registered Agent

3/29/2023

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.**BC*

Required Signature/Incorporator

March 28, 2023

Date

H23000118130