## P04000039526

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Ві	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	]
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SECRETARY OF STAIL

## TRANSMITTAL LETTER

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

SUBJECT:	Cemeta Des (PROPOSED CORPORAT	ign Inc.		
<del></del>	(PROPOSED CORPORAT	'E NAME – <u>MUST INCLU</u>	DE SUFFIX)	
Englaced are an original	inal and ano (1) conv. of the ortic	las of incomposition and	a aboote for	
Enclosed are an orig	rinal and one (1) copy of the artic	des of incorporation and	a check for:	
\$70.00	<b>□</b> \$78.75	<b>\$78.75</b>	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of Status	
		ADDITIONAL CO		
	Vilala a	^ \- 1		
FROM:	Kibbee Name (	Printed or typed)	· · · · · · · · · · · · · · · · · · ·	
100 n 1- 10 11 Pl 60 01				
	189 meadowfield Bluff Rd.			
	Y UTCE, City, S	32097 State & Zip		
(001)3711 5700				
•	Daytime Te	34-5860		

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

ARTICLE I NAME The name of the corporation shall be:	
The name of the corporation shall be:  Cemetx Design Dec.  ARTICLE II PRINCIPAL OFFICE	
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  189 Meadowfield Bluff Rd.  Yulce, fl 32097  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  To engage in any activity or business permitted under the laws of the Vnited States and of this state.	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): : Tammy G. Ross - 86169 Eastport DV. Fernandina Bch, 3203 : Kibbee S. Akel - 189 meadowfield Bluff Rd.  Yulee, H 32097	ţC
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  Fred Akel 7637 Beach Blvd.  Jacksonville, fl 32216	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Kibbee Akel  189 Meadowheld Bluff Rd.	
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    Signatura Registered Agent   Date	
Signature/Incorporator  Date	

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