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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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04/09/09--01014--015 **78.75





COVER LETTER

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

SUBJECT:	CJAKE VENTURES INC		
Enclosed are an original	(PROPOSED CORPORA	TE NAME – MUST INCL	
\$70.00	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	360 PARK	(Printed or typed)	
	SATELLITE BEACH FL 32937 City, State & Zip		
	321-693-5258 Daytime Telephone number		

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

CJAKE VENTURES INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

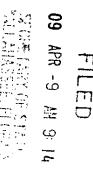
360 PARK AVENUE

SATELLITE BEACH, FL. 32937

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

STARTED NEW BUSINESS



<u>ARTICLE IV SHARES</u>

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): CLINT UMBRELL - PRESIDENT 360 PARK AVENUE SATELLITE BEACH, FL. 32937

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CLINT UMBRELL 360 PARK AVENUE SATELLITE BEACH, FL. 32937

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is: CLINT UMBRELL 360 PARK AVENUE

SATELLITE BEACH, FL. 32937

Signature/Incorporator

1-1-0

Date