

P11000020012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

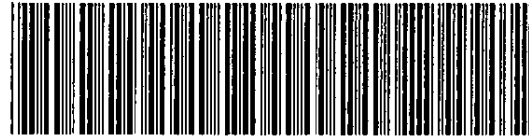
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Caroline GAVE
AUTHORIZATION BY PHONE TO
CORRECT *Shareholder Address*
DATE *7-1-11*
DOC. # *71*

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2011 FEB 25 PM 2:18

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2/11/11
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J. Shivers MAR 01 2011

COVER LETTER

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

SUBJECT: CES Enterprises 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: CAROLINE E SCHWITZKY
Name (Printed or typed)
PO Box 171068
Address
Hialeah, FL 33017
City, State & Zip
305-924-4179
Daytime Telephone number
carolineschwitzky@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA
STATE DEPT OF STATE

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: CCES Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
15499 Miami Lakes North #203
Hialeah FL 33014

Mailing address, if different is:

PO Box 171068
Hialeah FL 33017

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To perform all lawful business activities

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CAROLINE E SCHWITZKY - P
Address: PO BOX 171068
Hialeah, FL 33017

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: CAROLINE E SCHWITZKY
Address: 15499 Miami Lakes North # 203
HIALEAH, FL 33014

ARTICLE VII INCORPORATOR

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

Name: CAROLINE E SCHWITZKY
Address: PO BOX 171068
Hialeah, FL 33017

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

Caroline Schwitzky
Required Signature/Registered Agent

02/24/2011
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.

Caroline Schwitzky
Required Signature/Incorporator

02/24/2011
Date

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA