

P110000030012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

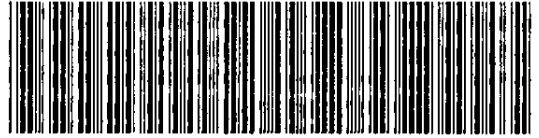
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2011 MAR 28 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

SUBJECT: CKMB12, 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: MATTHEW FISCHER  
Name (Printed or typed)

4651 BABCOCK ST #18  
Address

PALM BAY, FL 32905  
City, State & Zip

610-529-9444  
Daytime Telephone number

mjfischer88@yahoo.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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**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: CKMBIZ, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 4651 BABCOCK ST #18  
PALM BAY, FL 32905  
Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TO PROVIDE CONSULTING SERVICES  
AND MAKE A PROFIT.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MATTHEW FISCHER (Pres) Name and Title: \_\_\_\_\_  
Address: 4651 BABCOCK ST #18 Address: \_\_\_\_\_  
PALM BAY, FL 32905  
\_\_\_\_\_  
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: MATTHEW FISCHER  
Address: 4651 BABCOCK ST #18  
PALM BAY, FL 32905

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MATTHEW FISCHER  
Address: 4651 BABCOCK ST #18  
PALM BAY, FL 32905

*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*

\_\_\_\_\_  
Required Signature/Registered Agent 3/21/11  
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.*

\_\_\_\_\_  
Required Signature/Incorporator 3/21/11  
Date

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TALLAHASSEE, FLORIDA  
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