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SECRETARY OF STATE ALLAHASSEE, FLORIDA

T. Supress DEC 7.5 SOU

COVER LETTER

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

SUBJECT: Cramar Ventures, Inc.					
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)					
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
\$70.00 \$78.75 Filing Fee & Certificate of Status \$78.75 \$87.50 Filing Fee & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED					
<u> </u>					
FROM: Alan C Bailey					
Name (Printed or typed)					
11348 Coralwood Ct. Address ALLAMASS ACCORDANCE AND ACCORDANCE					
Address AA					
Mollington El 22414					
City, State & Zip (561) 790-7667					
(561) 790-7667	- No. 11.4				
Daytime Telephone number					
acraigbailey@bellsouth.net E-mail address: (to be used for future annual report notification)					
E-mail address: (to be used for future annual report notification)					

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 The name of the corp	VAME Cramar Ventures, Inc.		
ARTICLE II I	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
11	348 Coralwood Ct.		takining actions, it different is:
			
Y X.	ellington, FL 33414	 	2
ARTICLE III P	TIPPOST:		
	ch the corporation is organized is:		
	online products and services		
L commoros, c	onino producto and services		
ARTICLE IV S The number of shares	of stock is:100		
ARTICLE V I	NITIAL OFFICERS AND/OR DIRECTO	New January	Mam D Dallan
Name and Thi	:Alan C Bailey	Name and Title	Mary B Bailey
Address:	11348 Coralwood Ct.		11348 Coralwood Ct.
	Wellington, Ft 33414		Wellington, FL 33414
Name and Title	»:	Name and Title	.
Address:			·-
Audiess.		Audicss.	
			
Name and Title		Name and Title	**
Address:		Address:	** <u></u>
1 taut 035.		Audiess.	
			
			
	EGISTERED AGENT		
	la street address (P.O. Box NOT acceptable)	-	nt is:
Name:	Alan C Bailey		
Address:	11348 Coralwood Ct	_ _	A.R. D
	Wellington, Fl. 33414	موجنيهم	A C TO
ADMICI D TITL 1	MODE A MOD		SS
ARTICLE VII 1			(T)
Name:	ss of the Incorporator is:		
= ==:	Alan C Bailey		5 <u>5</u> 3 11
Address:	11348 Coralwood Ct.	_	
	Wellington, FL 33414		9 AM ID: 57
Having been named	as registered agent to accept service of proce	ne for the above ste	etad accompanion at the place design, and in
this certificate. I am f	and accept the appointment as re	os jor ine upove su poist <i>ered noewt and i</i>	neu corporanon in ine piace nesignatea in
			agree to uct in init capacity
(IR)	er G. Brecognic Registered Agent		17 05 11
	- Some		12-05-11 Date
	Required Signature Registered Agent		Date
I submit this docume	ent and affirm that the facts stated herein a	re true. I mu munno	that the fake information submitted in a
document to the Dend	artment of State constitutes a third degree felo	e ance a um unure no as arasided for is	n e RITISS F.S
		ny w promuce joi u	n word / Landy 2 olds
alter	of Soluy		10 15 11
<u> </u>	Required Signature/Incorporator		12-05-11 Date
· ·	scedance pignamie menicolboranoi		Date