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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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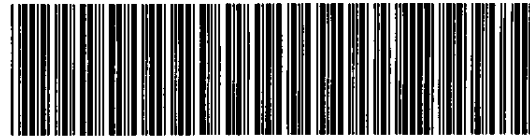
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATE

12/23/11

COVER LETTER

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

SUBJECT: Cea Ventures, 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: Sharon K. Fox
Name (Printed or typed)
702 Pennyroyal Pl.
Address
Brandon, FL 33510
City, State & Zip
813 685 6540
Daytime Telephone number
sharon_fox11@hotmail.com
E-mail address: (to be used for future annual report notification)

2011 DEC 27 PM 12:55

DIVISION OF CORPORATIONS

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: Cea Ventures, Inc.

DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: 2011 DEC 27 PM 12:55

Brandon, FL 33510
702 Pennyroyal Pl.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sharon K. Fox, President, Treasurer
Address: 702 Pennyroyal Pl.
Brandon, FL 33510

Name and Title: Susan M. McRae, VP, secretary
Address: 702 Pennyroyal Pl.
Brandon, FL 33510

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: Sharon K. Fox
Address: 702 Pennyroyal Pl.
Brandon, FL 33510

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sharon K. Fox
Address: 702 Pennyroyal Pl.
Brandon, FL 33510

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

Sharon Fox
Required Signature/Registered Agent

12-19-11
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.

Sharon Fox
Required Signature/Incorporator

12-19-11
Date