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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE

MRD 1/13/12

COVER LETTER

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

SUBJECT:	CEM Ventures, Inc.			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
Enclosed are an o	riginal and one (1) copy of the ar	ticles of incorporation ar	nd a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL C	OPY REQUIRED	
FROM: _		es E. Menke ne (Printed or typed)		
_	8032 N	laranja Dr. W		
_				
	Jacksonville, FL 32217 City, State & Zip			
	904-248-2024 Daytime Telephone number			
_	cem en E-mail address: (to be us	t@yahoo.com led for future annual repor	t 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)

	Principal street address	Mailing ad	dress, if different is:
	032 Naranja Dr. W acksonville, FL 32217		
ARTICLE III			
	hich the corporation is organized is: of the corporation is to conduct an	y lawful purpose or purp	OSES. TALLAHASSEE, FLORID SECRETARY OF STATE SECRETARY OF STATE
, ,	•		7 SE 12 7
			强星
			超って
ARTICLE IV			SERVE
he number of shar	res of stock is: 100		F. C.
RTICLE V	INITIAL OFFICERS AND/OR DIRECT	ORS	51.2
	tle:Charles E. Menke, President	Name and Title:	77 0
Address:	8032 Naranja Dr. W Jacksonville, FL 32217	Address:	
Name and Ti	tle:	Name and Title	
Address:		Address:	
			
	tle:		
Address:			
RTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable		
Name: Address:	Corporation Service Company 1201 Hays Street		
Addiess.	Tallahassee, FL 32301		
DTICLE III	THE CORPORATION		
	INCORPORATOR ress of the Incorporator is:		
Name:	Charles E. Menke	<u>. </u>	
Address:	8032 Naranja Dr. W Jacksonville, FL 32217		
	ed as registered agent to accept service of pro n familiar with and accept the appointment as		
20 A .	// Melanie Ada	ms, Assistant VP	t t
Meda	Melanie Ada Melanie Ada Required Signature/Registered Agent		12/14/11
1/	Required Signature/Registered Agent		Date
submit this docu	ment and affirm that the facts stated herein	are true. I am aware that the f	
cument to the De	epartment of State constitutes a third degree fe	lony as provided for in s.817.155	5, F.S.
12	Required Signature/Incorporator		1/02/12
	Paguirad Signatura/Incorporator		1/02/12