

P24000047837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

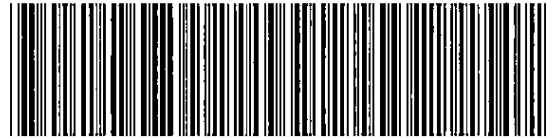
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24000097330

07/12/24

Office Use Only



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06/21/24--01015--004 **70.00

2024 JUN 21 PM 10:01



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2024

MICHAEL WENK
22 MILLIE DR
JACKSONVILLE BEACH, FL 32250-4069 US

SUBJECT: CMEE INC
Ref. Number: W24000097330

We have received your document for CMEE INC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must list at least one incorporator with a complete business street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Monique K Anderson
Regulatory Specialist II

Letter Number: 424A00014270

RECEIVED
12 PM 1:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 Jun 21 11:10:01
AL

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: C MEE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address 815 TOURNAMENT RD Mailing address, if different is:
PONTE VEDRA
BEACH, FL 32082

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSULTING SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL WENK PRESIDENT Name and Title: _____

Address: ~~2211111111~~ Address: _____
~~JACKSONVILLE BEACH FL 32082~~

Name and Title: MICHAEL WENK - PRESIDENT Name and Title: _____

Address: 815 TOURNAMENT RD Address: _____

PONTE VEDRA BEACH, FL 32082

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: MICHAEL WENK
Address: ~~82 MICHAEL~~
~~DRISCOLL~~ BEACH, FL ~~32082~~

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL WENK
Address: 815 TOURNAMENT RD
PONTE VEDRA BEACH, FL 32082

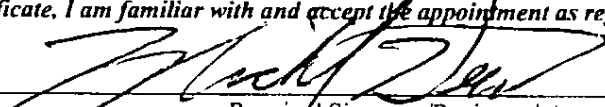
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

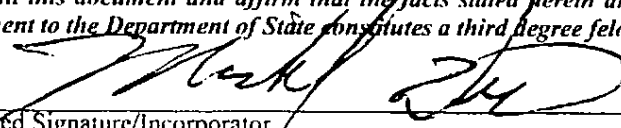
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

6/17/2024
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

6/17/2024
Date

2024 JUN 21 AM 10:01