

P24000047837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

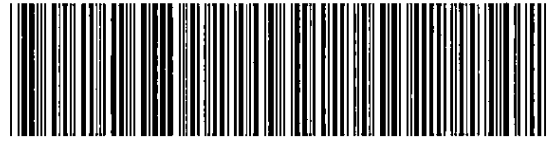
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:  
  
W24000097330  
  
07/12/24

Office Use Only



400431897414

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

2024 JUN 21 10:10:01



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  
REGISTRATION  
COMMERCIAL  
REGISTRATION

AL  
2024 Jun 21 11:10:01

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 M E E I N C

ARTICLE II PRINCIPAL OFFICE

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

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
Address: 22 [unclear] [unclear]
[unclear] BEACH, FL 32082

Name and Title: MICHAEL WENK - PRESIDENT
Address: 815 TOURNAMENT RD
PONTE VEDRA BEACH, FL 32082

Name and Title:
Address:
Name and Title:
Address:

2014 JUL 21 AM 10:01

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: ~~825 MICHELE AVE~~  
PONTE VENRA BEACH, FL 32082

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

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

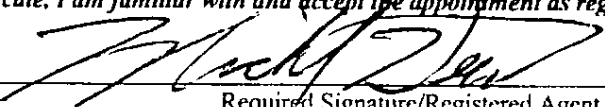
**ARTICLE VIII EFFECTIVE DATE:**

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.)

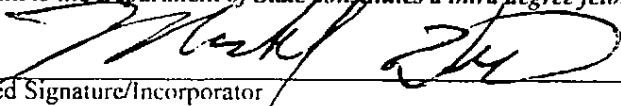
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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.*



6/17/2024  
Date

Required Signature/Incorporator

2024 JUN 21 AM 10:01