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SECRETARY OF STATE

COVER LETTER

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

SUBJECT: P.A.M. SPE	ECIALTIES MELLL. TENAME-MUST INCLUDE SUFFIX)				
Promotional ADNERTISING	malketing specialies				
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:				
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy Certificate of Status ADDITIONAL COPY REQUIRED				
	SECRETARY TALLAHASSE (Printed or typed)				
1555 Lake	Boluin Lane UNTERS TO				
Address OCLANDO, Florida 3232014 City, State & Zip					
954-529-47V Daytime To	43 elephone number				
JJERICIAU O	Samply Media Group-Com				

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: P.A.M. SPECIALTIES INC.

ARTICLE II	PRINCIPAL OFFICE Principal street address 1555 LAKE BALDWIN LANE UNIT B ORLANDO FL 32814	Mailing address, if different is:	
ARTICLE III The purpose for	PURPOSE which the corporation is organized is:		
ARTICLE IV The number of sh	SHARES ares of stock is:		
Name and Address:	INITIAL OFFICERS AND/OR DIRECTORS Fitle: JOHN JERICIAU PRESName 1555 LAKE BALDWIN LANGAddre WNITB ORLANDO, FL 32814	e and Title: JAMES MOUNTAIN S. ress: 1555 Lake Baldwin (DRUAND FL 328/4	ec Lone Und B
Name and Address:	UNA B ORLAND FL 32814		
Name and Address:	Title: NICOLE JERICIAN TRES Name 1555 LAKE BOLDWIN, Addre ORLANDO FOLIDO 32814 UNI	<i>H</i> B	
ARTICLE VI	REGISTERED AGENT	gistered agent is: ALL AHAR ALL AH	
	orida street address (P.O. Box NOT acceptable) of the regi	ristered agent is:	= 4.0
Name: Address:	1555 LAKE BADWIN LANE ORLANDO FlorIDD 32814	UNH B HASSE	<u> </u>
ARTICLE VII	INCORPORATOR		1
The name and ac	Idress of the Incorporator is:		7
Name: Address:	JOHN JERICIAN 1555 LAKE BALDUIN LAND ORLANDO FLONDA 32814	2:47	•
	ned as registered agent to accept service of process for the am familiar with and accept the appointment as registered a		·
	Required Signature Registered Agent		
I submit this doc document to the	ument and affirm that the facts stated herein are true. I Department of State constitutes a third degree felony as pro	am aware that the false information submitted in a wided for in s.817.155, F.S.	
	Required Signature/Incorporator	2/10/2011	
1	Reduned Signature Hicorporator	/ Days	