P11000066677

(Requestor's Name)
(Address)
(Address)
,
(0):10:1-17:-(5):
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Octation Copies
Special Instructions to Filing Officer:





900209826839

07/22/11--01022--026 **78.75

SECRETARY OF STATE TALLAHASSEE FLORINA

T. Surch &UL 2 5 2011

COVER LETTER

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

SUBJECT: 12 East, Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the arti	icles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Adam C. Bass	e (Printed or typed)
114 SE 1st ST Suite	1 Address
Gainesville, FL 3260 City,	1 State & Zip
(352) 213-7902 Daytime T	elephone number
acbass05@gmail.co	m d for future annual report 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)

The name of the corpo	PAME 12 East, Inc.			
ARTICLE II P	RINCIPAL OFFICE Principal street address SE 2nd Ave. inesville, FL 32601	114 SE 1st S	address, if different is: T Suite 1 L 32601	
Business ARTICLE IV S	ch the corporation is organized is: Iny and all Lawful		SECRETARY OF STATE TALLAHASSEE, FLORID	FILED
ARTICLE V II	NITIAL OFFICERS AND/OR DIRECT	<u>'ORS</u>	<i>-</i> ⊁	
Name and Title Address:	:William B. Scheel President 114 SE 1st ST Suite 1 Gainesville, FL 32601	Address:		
Name and Title Address:	:	Address:		
Name and Title Address:		Name and Title:Address:		
	EGISTERED AGENT la street address (P.O. Box NOT acceptable Adam C. Bass 114 SE 1st ST Suite 1 Gainesville, FL 32601	e) of the registered agent is:		
ARTICLE VII II The name and addre Name: Address:	•			
Having been named this certificate, I am f	as registered agent to accept service of pro amiliar with and accept the appointment as	ocess for the above stated corpores	oration at the place designated in act in this capacity	
Adle	en C. Som		July 21, 2011	
I sabmit this docume	Required Signature/Registered Agent ent and affirm that the facts stated herein	are true. I am aware that the	July 21, 2011 Date false information submitted in a	
document to the Depo	Required Signature/Incorporator	lgny as provided for in s.817.1.	55, F.S. July 21, 2011 Date	