

P160000042512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

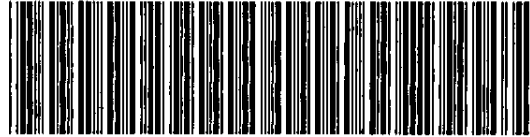
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/09/16--01040--003 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 09 PM 6:09
16 MAY 09 PM 6:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

7/4
5-1716

COVER LETTER

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

SUBJECT: 12 Tribes Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Robert Smith
Name (Printed or typed)

7431 114th Ave N. Ste 101
Address

Largo, FL 33773
City, State & Zip

727-474-9708
Daytime Telephone number

rsmith@sjhi.net
E-mail address: (to be used 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)

ARTICLE I NAME

The name of the corporation shall be: 12 Tribes Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

< Same

7431 114th Ave N. Ste 101
Largo, FL 33773

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all
lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Smith President Name and Title: _____

Address: 7431 114th Ave N. Ste 101 Address: _____
Largo FL 33773

Name and Title: Robert Smith Treasurer Name and Title: _____

Address: _____ Address: _____
7431 114th Ave N. Ste 101
Largo, FL 33773

Name and Title: Robert Smith Secretary Name and Title: _____

Address: _____ Address: _____
7431 114th Ave N. Ste 101
Largo, FL 33773

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY -9 PM 6:10

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: Robert Smith

Address: 7431 114th Ave N. Ste 101
Largo, FL 33773

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16 MAY -9 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Robert Smith

Address: 7431 114th Ave N. Ste 101
Largo, FL 33773

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 business days prior or 90 business 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

5-2-2016

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

5-2-2016

Date