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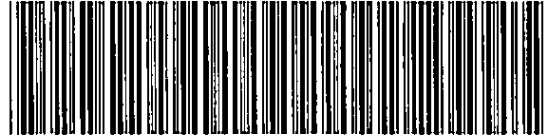
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Fluid Expressions, Incorporated

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: India Davison

Name (Printed or typed)

7045 Hatpin Loop

Address

Wesley Chapel, FL 33545

City, State & Zip

504-940-7130

Daytime Telephone number

fluidex18@gmail.com

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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Fluid Expressions, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7045 Hatpin Loop

Wesley Chapel, FL 33545

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to present public performances that meet artistic and community obligations by focusing on the highest possible standards of performance; by serving the community broadly;

by developing new and original works; and by providing educational programs and opportunities for new talent.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: At each annual

meeting of the Board of Directors, the incumbent Board of Directors will elect a successor Board of Directors by plurality vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: India Davison, President

Name and Title: Cornelio Aguilera, Vice President

Address: 7045 Hatpin Loop

Address: 7252 Bridgeview Dr

Wesley Chapel, FL 33545

Wesley Chapel, FL 33545

Name and Title: Theron Butler, Treasurer

Name and Title: Clareann Despain, Secretary

Address: 4616 Country Hills Drive Tampa 33624

Address: 15111 Shaw Rd, Tampa, FL 33625

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

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: India Davison
Address: 7045 Hatpin Loop
Wesley Chapel, FL 33545

ARTICLE VII INCORPORATOR

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

Name: India Davison
Address: 7045 Hatpin Loop
Wesley Chapel, FL 33545

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 of Registered Agent

08/06/18
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

08/06/18
Date