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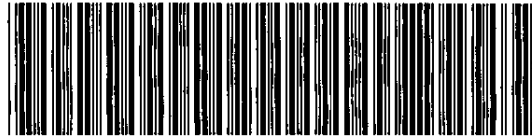
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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## COVER LETTER

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

**SUBJECT:** THE ENTERTAINMENT COACH 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:** DOUGLAS B BAILEY

Name (Printed or typed)

2520 N. RONALD REAGAN BLVD, BAY 140,

Address

LONGWOOD, FLORIDA 32750

City, State & Zip

407 - 280 - 4396

Daytime Telephone number

INFO @ THE ENT COACH . COM

E-mail address: (to be used for future annual report notification)

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**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: THE ENTERTAINMENT COACH INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2520 N. RONALD REAGAN BLVD, BAY 140

P.O.BOX 950721

LONGWOOD, FLORIDA 32750

LAKE MARY, FLORIDA 32795-0721

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PERFORMING ARTS, TEACHING THE PERFORMING ARTS  
ANY LEGAL ACTIVITY

**ARTICLE IV SHARES**

The number of shares of stock is: 120

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DOUGLAS BAILEY, PRESIDENT

Name and Title: \_\_\_\_\_

Address 2520 N. RONALD REAGAN BLVD,

Address: \_\_\_\_\_

BAY 140

LONGWOOD, FLORIDA 32750

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
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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: DOUGLAS B. BAILEY  
Address: 2520 N. RONALD REAGAN, BAY 140  
LONGWOOD, FLORIDA 32750

**ARTICLE VII INCORPORATOR**

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

Name: DOUGLAS B. BAILEY  
Address: 2520 N. RONALD REAGAN BLVD  
LONGWOOD, FLORIDA 32750

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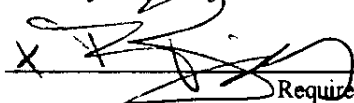
**ARTICLE VIII EFFECTIVE DATE:**

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*

X  \_\_\_\_\_  
Required Signature/Registered Agent

✓ 9/9/16  
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.*

X  \_\_\_\_\_  
Required Signature/Incorporator

X 9/9/16  
Date