

P18 0000 28956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

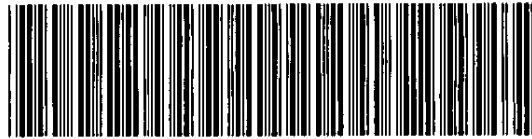
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
18 MAR 28 PM 3:25

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2018 MAR 28 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C RICO
MAR 28 2018

COVER LETTER

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

SUBJECT: The Fish cloud
(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: Clifford Perkins
Name (Printed or typed)

5730 Tall Pine Ln
Address

JAX, FL 32277
City, State & Zip

904-402-3762
Daytime Telephone number

Fishcloudinc@gmail.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 Fish Cloud Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5730 Tall Pine Ln #4

JAX, FL 32277

Mailing address, if different is:

~~1316~~ 1316 W 32nd

JAX, FL 32209

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For any AND All Legal
Business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clifford Perkins (CEO) Name and Title: _____

Address: 5730 Tall Pine Ln #4 Address: _____

JAX, FL 32277

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

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: Clifford Perkins

Address: 5730 Tall Pine Ln #4

JAX, FL 32277

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Clifford Perkins

Address: 5730 Tall Pine Ln #4

JAX, FL 32277

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TALLAHASSEE, FLORIDA

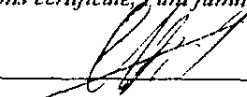
ARTICLE VIII EFFECTIVE DATE:

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.

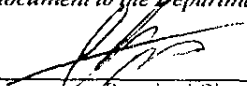
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

3-28-2018
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

3-28-2018
Date