## Portice transmitted of the Property of the Pro

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

06/15/96 01065 -015

SUBJECT:	FLUIDS, INC.		•
	(Proposed corporate	name – must include s	ruffix)
Enclosed is an original for:	ginal and one (1) cop	y of the articles of inc	orporation and a check
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	☐ \$122,50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate

Please return the photocopy to me with the filing date stamped on it.

FROM:	MICHAEL HENDRY	1787 138 138
	Name (printed or typed)	器員 "7
	4048 W. KENNEDY # 774	55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	F.ddress	
	TAMPA, FL 33607	10.14 10.17 10.17 10.17
	City, State & Zip	E: 16 STATE LORIDA
	Daytime Telephone Number	·

## **Articles of Incorporation**

1. The name of the corporation shall be:	FLUIDS, INC.
2. The principal place of business and mailing mail: P.O. ROX 52188; TAMCA, PLACE: 722 E. FLETCHER; TOO.  3. The corporation shall have the authority to 4. The registered agent of the corporation registered street address is 722 E. FLE Florida 33612	Issue 100,000 Sharps of start.
5. The initial Board of Directors shall have 1 is/are as follows: DENA GRUMAN 722 E. FLETCHE TOMPALEL 336	R
The number of directors may be raised o the corporation but shall in no case be less than	
6. The incorporator of this corporation is address is 4048 w. KENNEDY #794;	
Dated 7/16/96	
i	ncorporator

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Dated 8-1-96

Registered Agent

SECREDARY OF STATEMENT AND ASSECTION OF STATEMENT OF STAT

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