## PO200080350

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

SUBJECT:	<del>4-)//</del>	OOMBS 4 rate name - must include suf	ASSOCIATO (1x)	es Inc	
		3	******70.00	77434 01002015 *****70.80	
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	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate		
		ADDITIONAL CO	PY REQUIRED		
FROM: BRAD COOMBS & SSOCIATES, Inc.  Name (Printed or typed)  381 NW 95 Avenue  Address					
-	(954) 474	FL 333. State & Zip  -9000 elephone number	SECRETARY OF STATE TALLAHASSEE, FLORIDA		

NOTE: Please provide the original and one copy of the articles.

nc 7/24

## FILED

## ARTICLES OF INCORPORATION

02 JUL 24 PM 2:39

The undersigned incorporator, for the purpose of forming a corporation under the Florida SECRETARY OF STATE
TALLAHASSEE, FLORIDA

	- Levi DA
ARTICLE I NAME The name of the composition shall be	
The name of the corporation shall be:	
BRAD COOMBS 4	ASSOCIATES, DIC
ARTICLE II PRINCIPAL OFFICE	•
The principal place of business and mailing address of the	is corporation shall be:
	95 Avenue
PLANTATIO	W FL 33324
ARTICLE III SHARES	
The number of shares of stock that this corporation is aut	horized to have outstanding at any one time is:
500	
500	
ARTICLE IV INITIAL REGISTERED AGE	NT AND STREET ADDRESS
The name and Florida street address of the initial register	ed agent are:
OBERT N	
BRAD Coombs 381 NO	U 95 Avenue
PLANTATIO	IN, FL 33324
ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Artic	les of Incorporation are:
BRAD Coombs 381 NW	95 Avenue
RIANTATIO	N FL 33324
And sont	7/17/0-
Signature/Incorporator	Date
NA BORGOTT AND MANAGEMENT	Date

(An additional article must be added if an effective date is requested.)

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 I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent