

F05000002644

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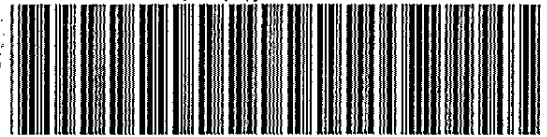
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2005 APR 28 P 3:51



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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 13, 2005

FRANKLIN L. COMBS
3855 2ND ST. N
ARLINGTON, VA 22203

SUBJECT: COMBS FINANCIAL SERVICES, INC.
Ref. Number: W05000018690

We have received your document for COMBS FINANCIAL SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 605A00025266

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

2005 APR 28 P 3

SUBJECT: COMBS FINANCIAL SERVICES, INC.

SECRETARY OF ST.
TALLAHASSEE, FLORIDA

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

FRANKLIN L COMBS

(Name of Person)

COMBS FINANCIAL SERVICES, INC.

(Firm/Company)

3855 2ND ST, N

(Address)

ARLINGTON, VA 22203

(City/State and Zip code)

For further information concerning this matter, please call:

FRANKLIN L COMBS

at (703) 243-0215

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILED

2005 APR 28 P 3: 52

1. COMBS FINANCIAL SERVICES, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. VIRGINIA

(State or country under the law of which it is incorporated)

3. 54-1606301

(FEI number, if applicable)

4. 10/11/1991

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3855 2ND ST, N, ARLINGTON, VA 22203

(Principal office address)

3855 2ND ST, N, ARLINGTON, VA 22203

(Current mailing address)

8. CONSULTING AND ACCOUNTING

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: FLORIDA E COMBS

Office Address: 448 HOME GROVE DR

WINTERGARDEN, Florida 34787
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Florida E Combs

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: FLORIDA E COMBS

Address: PO BOX 151934

CAPE CORAL, FL 33915-1934

Vice Chairman: _____

Address: _____

Director: JOHN HIGGINS

Address: 8911 WEIR STREET

MANASSAS, VA 20110

Director: FRANKLIN L COMBS

Address: 3855 2ND STREET, N

ARLINGTON, VA 22203

B. OFFICERS

President: JOHN HIGGINS

Address: 8911 WEIR STREET

MANASSAS, VA 20110

Vice President: FRANKLIN L COMBS

Address: 3855 2ND STREET, N

ARLINGTON, VA 22203

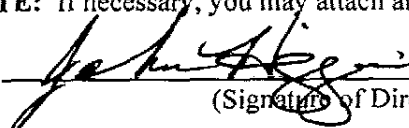
Secretary: FRANKLIN L COMBS

Address: 3855 2ND STREET, N, ARLINGTON, VA 22203

Treasurer: FRANKLIN L COMBS

Address: 3855 2ND STREET, N, ARLINGTON, VA 22203

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. JOHN HIGGINS, PRESIDENT

(Typed or printed name and capacity of person signing application)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

COMBS FINANCIAL SERVICES, INC. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is October 11, 1991.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
April 4, 2005*

Joel H. Peck

Joel H. Peck, Clerk of the Commission