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Qualification/Tax Lien Section

Division of Corporations

SUBJECT: J.

J. COMBS ENTERPRISES

(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:	Z S	0	
JOHN COMBS	ECR	<u>→</u> ∽	
(Name of Person)	FIA NATE	SEP 2	<u> </u>
J. COMBS ENTERPRISES	RY O	26	
(Firm/Company)	FS.	2	0
14087 SE. 44CT	TATE ORIDA	7.5	,
(Address)	≥,,,	2	int
SUMMERFIELD FL. 3491			o i
(Ćity/State/Zip)	-		9/2(

Should you need to call someone concerning this matter, please call:

700004578917--2 -09/10/01--01116--013 *****87.50 *****87.50

JOHN COMBS

at (352) 245-7226

wo1-21170

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount:

 \square \$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 FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 12, 2001

JOHN COMBS 14087 S.E. 44 CT. SUMMERFIELD, FL 34491

SUBJECT: J. COMBS ENTEPRISES

Ref. Number: W01000021170

We have received your document for J. COMBS ENTEPRISES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays Document Specialist

Letter Number: 401A0005 1206

FILED

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.

(State or country	DA y under the law of which it	is incorporated)	3(FI	I number, if app	licable)	
. JAN:	19, 2001 te of incorporation)	5	PERTETI	ZAL		
			tion: Year corp. w			
(Date firs	t transacted business in Flo	orida.) (SEE SECTION	IS 607.1501, 607.1	502 and 817.155	5, F.S.)	 •
140	87 SE 44 CT.					·
Sun	OMERFIELD, FL	. 34491				
	, (C	urrent mailing address	5)			<u> </u>
LA	UN SERVICE				-	
(Purpose	s) of corporation authorized	d in home state or cour	ntry to be carried o	ut in state of Flo	rida S	<u>-</u> _
. Name and str	eet address of Florida	registered agent: ()	P.O. Box or Mail	Drop Box NO	Tacceptables	
NT	JOHN COMB:	S		•	P 2 TAR IASS	$\stackrel{\cdot}{=}$
Name:			, , ,	-	6 PM Y OF S	Ē
		UCT				
Name:	14087 SE. 4				101 118 118	<u> </u>
			, Florida, (Zip o		7:54 STATE LORIDA	
ffice Address:	14087 SE. 4				STA 7	

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

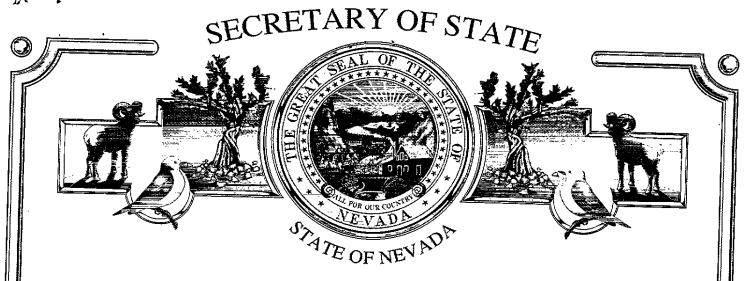
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)				
Chairman: JOHN COMBS	 -			
Address: 14087 SE, 94CT	·		-	37
SUMMERFIELD, FL. 34491				
Vice Chairman: JOHN ComBS				. ·
Address: 14087 SE 44CT				
SUMMERFIELD, FL., 34491				
Director: 50HN COWBS				
Address: 14087 S.F. 44 CT		·	· -	- 1 -
SUMMERFIELD FL. 34491				<u></u>
Director: JOHN COMBS	<u></u>		<u>.</u> ,	
Address: 14087 SE 44cT				
SUMMERFIELD FL. 34491 B. OFFICERS (Street address only - P.O. Box NOT acceptable)				į
President: JOHN COMBS			·	ह इ
Address: 14087 SE 44CT	T <u>S</u>	9		
SUMMERFIELD, FL. 34491	LAH KRET	~ ~	-	
Vice President: DONN COMISS	AR) SSE	26 E		
Address: 14087 SE- 44CT	<u> </u>	<u> </u>		-
Summerfield, FL. 3449)		7: 51		
Secretary: JOHN COMBS				
Address: 14087 SE- 44CT		1		<u>.</u> .
SUMMERFIELD, FL-34491				
Treasurer: JOHN COMBS				
Address: 14087 SE- 44CT			·	 .
SUMMERFIELD, FL. 34491				
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or di	rectors.			
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applic			······································	. 7"
	ation)			_
14. TOHN COMBS - PRESIDENT (Typed or printed name and capacity of person signing application)				

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CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **J. COMBS ENTERPRISES**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the state of Nevada since January 19, 2001, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my finand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on January 25, 2001.

Secretary of State

Зу

Certification Clerk