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LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305) 552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

FILED

00 FEB -2 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

00 FEB -2 AM 11:12

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. BARRINGTON G. COOMBS & ASSOCIATES, P.A.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

ARTICLES OF INCORPORATION  
OF

BARRINGTON G. COOMBS & ASSOCIATES, PA

The undersigned subscriber(s) to these Articles of Incorporation, a natural person(s) competent to contract, hereby forms a corporation under the laws of the State of FLORIDA.

ARTICLE I NAME

The name of the corporation shall be BARRINGTON G. COOMBS & ASSOCIATES, PA.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any and all lawful activities or business permitted under the laws of the United States and the State of FLORIDA. The purpose of the corporation is to provide CERTIFIED PUBLIC ACCOUNTING services, such as: auditing, consulting, compilation, review, business and individual income taxes.

ARTICLE III CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having a par value of \$1.00 per share.

ARTICLE IV ADDRESS

The street address of the initial registered office of the corporation shall be 1460 NW 107 AVE, Suite P, Miami FLORIDA 33172. The name of the initial Registered Agent for the corporation at that address is BARRINGTON G. COOMBS.

ARTICLE VI TERM OF EXISTENCE

This corporation shall exist perpetually.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## **ARTICLE VII      LIMITATION OF LIABILITY**

Each director, stockholder and officer, in consideration for his services, shall, in the absence of fraud, be indemnified, whether then in office or not, for the reasonable cost and expenses incurred by him in connection with the defense of, or for advice concerning any claim asserted or proceeding brought against him by reason of his being or having been a director, stockholder or officer of the corporation or of any subsidiary of the corporation, whether or not wholly owned, to the maximum extent permitted by law. The foregoing right of indemnification shall be inclusive of any other rights to which any director, stockholder or officer may be entitled as a matter of law.

## **ARTICLE VIII      SELF DEALING**

No contract or other transaction between the corporation and other corporations, in the absence of fraud, shall be affected or invalidated by the fact that any one or more of the directors of the corporation is or are interested in a contract or transaction, or are directors or officers of any other corporation, and any director or directors, individually or jointly, may be a party or parties to, or may be interested in such contract, act or transaction, or in any way connected with such person or person's firm or corporation, and each and every person who may become a director of the corporation is hereby relieved from any liability that might otherwise exist from this contracting with the corporation for the benefit of himself or any firm, association or corporation in which he may be in any way interested. Any director of the corporation may vote upon any transaction with the corporation without regard to the fact that he is also a director of such subsidiary or corporation.

This corporation shall have a minimum of one director. The initial Board of Directors shall consist of:

**BARRINGTON G. COOMBS - CHAIRMAN**

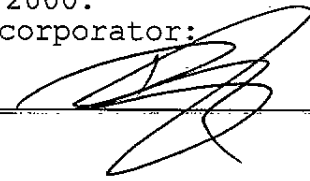
**ARTICLE IX INCORPORATOR**

The name and address of the incorporator is:

BARRINGTON G. COOMBS  
12763 NW 13 CT  
CORAL SPRINGS FLORIDA 33071

IN WITNESS WHEREOF, the undersigned has hereunto set his hand  
and seal on this 24th day of January, 2000.

Incorporator:



STATE OF  
COUNTY OF

FL  
DADE

The foregoing instrument was executed and acknowledged before  
me this 24th day of JANUARY 2000, by BARRINGTON G. COOMBS.

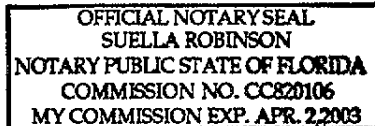


Notary Public

(SEAL)

State of FLORIDA

My Commission Expires:



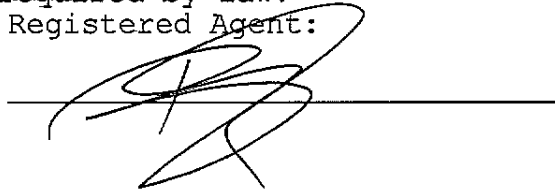
DESIGNATION OF AND ACCEPTANCE  
BY REGISTERED AGENT

The following is submitted in compliance with the laws of the State of FLORIDA. BARRINGTON G. COOMBS, PA., a corporation organizing under the laws of the State of FLORIDA, with its principal office located at 1460 NW 107 AVE., Suite P, Miami FLORIDA 33172 has named BARRINGTON G. COOMBS, whose address is 12763 NW 13 CT, Coral Springs, FLORIDA 33071, as its Agent to accept service of process within this State.

ACCEPTANCE:

I agree as Registered Agent to accept service of process; to keep the office open during prescribed hours; to post my name (and any other officers of said corporation authorized to accept service of process at the above designated address) in some conspicuous place in the office as required by law.

Registered Agent:



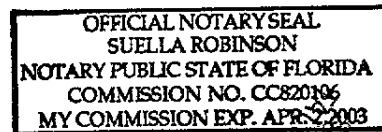
STATE OF FLORIDA  
COUNTY OF DADE

BEFORE ME, the undersigned authority, this day personally appeared BARRINGTON G. COOMBS, who, after being duly sworn, deposes and says that the facts and matters contained above are true and correct, and that he has executed the same for the purposes expressed herein.

WITNESS my hand and official seal this 24th day of January 2000.

(SEAL)

  
Notary Public  
State of FL  
My Commission Expires:



[3001]

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA