

TRANSMITTAL LETTER

P010000 39031

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

SUBJECT: Holcombe Investments, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500004011535--9
-04/16/01--01112--012
*****87.50 *****87.50

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 of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Gail Holcombe
Name (Printed or typed)

10875 SE 173 rd COURT
Address

Belleview, FL 34420
City, State & Zip

352-347-6852
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 APR 16 AM 9:12

FILED

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Hokombe Investments, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

*10875 SE 73 COURT
Bellevue, FL 34420*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Rehab Houses

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

*Gail Holcombe
10875 SE 73 COURT
Bellevue, FL 34420*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Gail Holcombe
10875 SE 73 COURT
Bellevue, FL 34420*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Gail Holcombe

Signature/Registered Agent

4/14/01

Date

Gail Holcombe

Signature/Incorporator

4/14/01

Date