Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H040001883793)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : KILLGORE, PEARLMAN, STAMP, ORNSTEIN & SQUIRES

Account Number: 119980000007 Phone: (407)425-1020

Fax Number : (407)839-3635

FLORIDA PROFIT CORPORATION OR P.A.

Combs Insurance Agency, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Manu.

Comparate Filing

Public Access Help

9/20/04

Fax Audit No.: <u>H04000188379</u> 3

ARTICLES OF INCORPORATION OF COMBS INSURANCE AGENCY, INC.

ARTICLE I - NAME

The name of this corporation is COMBS INSURANCE AGENCY, INC. and its principal place of business and mailing address is 37 North Orange Avenue, Suite 710, Orlando, Florida 32801.

ARTICLE II - DURATION

This corporation shall have perpetual existence, commencing on the filing of these Articles.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue 10,000 shares of voting common stock having a par value of \$1.00 per share.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 2 South Orange Avenue, 5th Floor, Orlando, Florida 32801 and the name of the initial registered agent of this corporation at that address is Frank H. Killgore, Jr.

ARTICLE VI - INCORPORATOR

The name and address of the incorporator is:

Frank H. Killgore, Jr. 2 South Orange Avenue, 5th Floor Orlando, Florida 32801

Fax Audit No.: H04000188379 3

Fax Audit No.: H04000188379 3

ARTICLE VII - INDEMNIFICATION

This corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 20th day of September, 2004.

Frank H. Killgore, Jr., Incorporator

ACCEPTANCE BY REGISTERED AGENT

The undersigned, being the person appointed in the foregoing Articles of Incorporation as the registered agent for COMBS INSURANCE AGENCY, INC. hereby accepts such appointment this 20th day of September, 2004, and states that he is familiar with, and accepts, the obligations provided for in Section 607.0505, Florida Statutes.

Frank H. Killgo

Fax Audit No.: H04000188379 3