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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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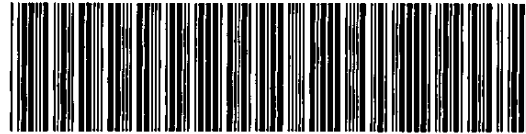
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Da

COVER LETTER

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

SUBJECT: COMBINATIONS DANCE COMPANY, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: T. Geoffrey Heekin, Esq.
Name (Printed or typed)

Post Office Box 477
Address

Jacksonville, FL 32201
City, State & Zip

904-355-7000
Daytime Telephone number

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:

COMBINATIONS DANCE COMPANY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11550 Deep Springs Drive West
Jacksonville, Florida 32219

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

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

ARTICLE IV SHARES

The number of shares of stock is:

This Corporation is authorized to issue 10,000 shares of Common Stock, all of which shall have a par value of \$1.00 per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Joe Stevens, President
11550 Deep Springs Drive West
Jacksonville, FL 32219

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

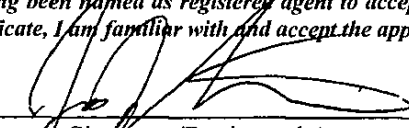
Joe Stevens, Registered Agent
11550 Deep Springs Drive West
Jacksonville, FL 32219

ARTICLE VII INCORPORATOR

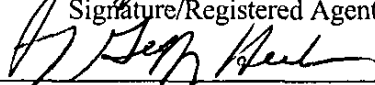
The name and address of the Incorporator is:

T. Geoffrey Heekin, Esq.
Post Office Box 477
Jacksonville, FL 32201

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



Signature/Registered Agent



Signature/Incorporator

7/24/06
Date

7/21/06
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA