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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

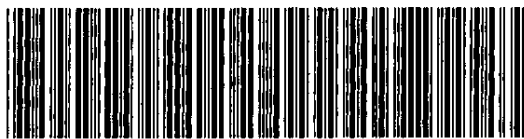
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 APR 19 P 4:08

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4-20-10  
200

## COVER LETTER

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

**SUBJECT:** COMBAS BROS. POOLS, 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  
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:** John J. Combas  
Name (Printed or typed)

P.O. Box 771726  
Address

Orlando, FL 32877  
City, State & Zip

(407) 448-8523  
Daytime Telephone number

combasbrospools@gmail.com  
E-mail address: (to be used for future annual report notification)

**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:

COMBAS BROS. POOLS, INC.

## **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

2130 Settlers Trail Orlando, FL 32837

P.O. Box 771726 Orlando, FL 32877 (mailing)

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Construction, repair & maintenance of in-ground swimming pools.

## **ARTICLE IV SHARES**

The number of shares of stock is:

100

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

John J. Combas P.O. Box 771726 Orlando, FL 32877

President

## **ARTICLE VI REGISTERED AGENT**

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

Clara M. Hernandez

540 Orange Drive #13

Altamonte Springs, FL 32701

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

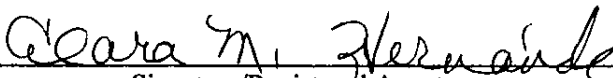
John J. Combas

P.O. Box 771726

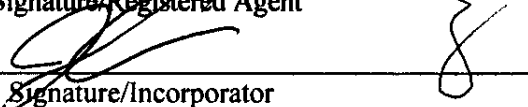
Orlando, FL 32877

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*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

4/10/10

Date

4/10/10

Date

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TALLAHASSEE, FLORIDA