19200000903

(Ře	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	. WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



400215741384

01/03/12--01014--006 **70.00

12 JAN -3 PH 3: 58

1

COVER LETTER

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

SUBJECT: Conbined:	Investments, Inc.		
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an original and one (1) copy of the arti-	cles of incorporation and a check for:		
1			
\$70.00 \$78.75 Filing Fee	\$78.75		
	Filing Fee,		
& Certificate of Status	& Certified Copy Certified Copy		
	& Certificate of Status		
	ADDITIONAL COPY REQUIRED		
$O \cap O$			
FROM: Alan Goindoo Name (Printed or typed)			
3556 Estepona Ave. Costa del Sol			
Address Address			
•			
Soral, Miann, Florida 33178 City, State & Zip			
City, State & Zip			
0-11 7-11 7-11			
Daytime Telephone number			
a di			
alvoyo, 7 & hotman.com			
d-mail address: (to be used for future annual report notification)			

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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

The name of the corporation shall be: Combined In	vastments In 2N -3 PM 3:58
ARTICLE II PRINCIPAL OFFICE Principal street address 3556 55 1850 a Ave. Costa del Sol Poral - Miam 33178 Florida	Mailing address, if different is:
The purpose for which the corporation is organized is: To Immarket.	vest in the real Estate
ARTICLE IV SHARES The number of shares of stock is: /0 0	
Address: 3556 Este pona Ave Address: Dord-Miami Fl. 33178	
Address: 3556 Estegona Avi Address: Doral - Mani FL. 3317	
Address: Joseph Address: Addre	
ARTICLE VI REGISTERED AGENT The name and Florida streat address (P.O. Box NOT acceptable) of the regin Name: Address: SSSE Estrepona AVR. Costa del SSI Doral	-
ARTICLE VII INCORPORATOR The name and address of the incorporator is: Name: Address: Manage Ma	
Having been named as registered agent to accept service of process for the this certificate, I am familiar with and accept the appointment as registered a	gent and agree to act in this capacity
Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I described the state of the facts stated herein are true.	Date 12/12/11 Date arm aware that the false information submitted in a
document to the Department of State constitutes a third degree felony as provening Required Signature/Incorporator	ided for in s.817.155, F.S. 2 \cdot /2 - 20/ Date