

P16000044447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT

MAIL

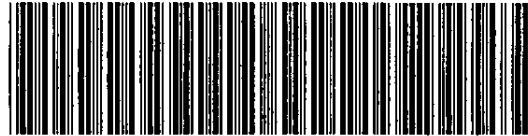
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200285534002

05/16/16--01041--027 **78.75

16 MAY 16 PM 2:36
ALLIANCE, FLORIDA

MAY 23 2016
S. GILBERT

COVER LETTER

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

SUBJECT: COMBS HOME SERVICE, 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: BRITT COMBS

Name (Printed or typed)

7656 BREEZE DR.

Address

NORTH FORT MYERS, FL. 33917

City, State & Zip

239-691-2685

Daytime Telephone number

COMBSBRITT@YAHOO.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: COMBS HOME SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7656 BREEZE DR.

NORTH FORT MYERS, FL. 33917

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BRITT COMBS - PRESIDENT

Name and Title: _____

Address: 7656 BREEZE DR.

Address: _____

NORTH FORT MYERS, FL. 33917

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: BRITT COMBS

Address: 7656 BREEZE DR,

NORTH FORT MYERS, FL. 33917

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: BRITT COMBS

Address: 7656 BREEZE DR.

NORTH FORT MYERS, FL. 33917

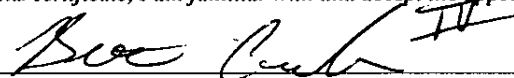
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MAY 1, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

MAY 1, 2016
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

MAY 1, 2016
Date