

P19000071456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

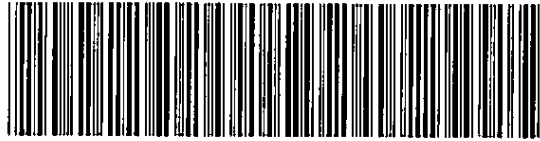
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/09/19--01041--037 \*\*70.00

S TALLENT

SEP 18 2019

FILED  
2019 SEP -9 PM 4:24  
COURT CLERK

## 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      ☐ \$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:** BRITT COMBS  
\_\_\_\_\_  
Name (Printed or typed)

7656 BREEZE DRIVE  
\_\_\_\_\_  
Address

NORTH FORT MYERS, FL 33917  
\_\_\_\_\_  
City, State & Zip

239-309-6979  
\_\_\_\_\_  
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

7656 BREEZE DRIVE

NORTH FORT MYERS, FL 33917

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL BUSINESS PERTAINING TO  
HOME RENOVATIONS

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES @ \$1.00 PER SHARE

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

Name and Title: BRITT COMBS, PRESIDENT

Address: 7656 BREEZE DRIVE

NORTH FORT MYERS, FL 33917

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2019 SEP -9 PM 4:24  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF LEE  
FLORIDA

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 DRIVE  
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

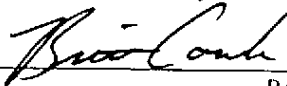
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

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

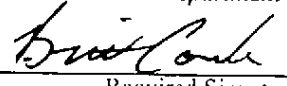
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

6/29/19  
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

6/29/19  
Date

June 11, 2019

Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301  
Reference: Combs Home Service, Inc

Dear Department:


It has come to my attention that my Corporation Combs Home Service, Inc has  
Become administratively dissolved due to non payment of the annual report filing fee.

At this time I would ask the Department to release my Florida Document Number P16000044447 for my  
Corporation Combs Home Service Inc.

Further I enclose new articles that I would like to file with the Department.

Thanking you in advance for your assistance with these matters.

Sincerely,

A handwritten signature in black ink, appearing to read "Britt Combs". The signature is fluid and cursive, with the first name "Britt" and last name "Combs" clearly distinguishable.

Britt Combs, President