

TRANSMITTAL LETTER

P99000075823

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

Combs Consulting, Inc.

SUBJECT:

(Proposed corporate name - must include suffix)

200002965642--6
-08/20/99--01068--009
*****87.50 *****87.50

Enclosed is 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

Brian Combs

FROM:

Name (Printed or typed)

7404 Penny Lane

Address

Ft. Pierce, Florida 34951

City, State & Zip

(561) 465-0156

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 AUG 20 PM 12: 14

FILED

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

8/25/99
[Signature]

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Combs Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7404 Penny Lane
Ft. Pierce, Florida 34951

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Brian Combs
7404 Penny Lane
Ft. Pierce, Florida 34951

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Brian Combs
7404 Penny Lane
Ft. Pierce, Florida 34951



Signature/Incorporator

August 16, 1999
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

August 16, 1999
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA