POORODO 12/50

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 500003116915--9: -01/31/00--01137--005 ******78.75 ******78.75

SUBJECT:	Fa'lon	S			lass	, In C.
SUBJECT.		(Propos	sed corporate name - must include suffix))		

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 \$122.50

\$131.25

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	FA LONS STRICTLY CLASS INC	• •		
	100 E. Linton suite 1252	9 3/9	8	
	Delray Beach, F1, 33483. City, State & Zip	MASSEE.	IAN 31 P	
	56/- 278- 994/ Daytime Telephone number	FLORID	.π 	_

T. Burch FEB 3 2000

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.

00 JAN 31 PN 1:56

ARTICLE I NAME

The name of the corporation shall be:

Failons Strictly Class, Inc.

ARTICLE II PRINCIPAL OFFICE

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

100 & Linton suite 125 B Delray Beach, fl. 33483

<u>ARTICLE III SHARES</u>

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

5,000 Shaves

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

June Thomas 100 E. LINTON SLITE 125B Delray Beach IFIA. 33483

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Jone Thomas 100 E. LINTON Switze 125 B

DelRAY BEACH , FIA 33483

Signature/Incorporator

01/36/2800 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

Data