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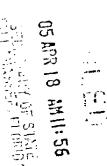
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
· · · · · · · · · · · · · · · · · · ·
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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MD 4/25/05

TRANSMITTAL LETTER

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

SUBJECT:	Fall Lin		& Inc
	(PROPOSED CORPOR.	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	final and one (1) copy of the art	ticles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Barbara Arnold gol 2500 N. Mil	P. Schwart (Printed or typed) A Stein + A S itary Tra Address	sociates il #260
-	Boca Rato	n FL 3	3431
-	561-953 Daytime	-1050 Telephone number	

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:
Fall Line Holdings Inc
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
217 N. West monte Drive #2013
Mamonte Spring +L 22/19 28 8
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
The principal place of business/mailing address is: 217 N. West monte Drive #2013 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Holding Company for real estates The number of shares of stock is:
ARTICLE IV SHARES
The number of shares of stock is:
${\mathfrak{O}}$
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):
List name(s), address(es) and specific title(s): David A. Reed - President, Secretary + Treasure
217 N. Westmonte Drive #2013
Altamonte Spring FL 32714
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
David A. Reed
217 N. Westmonte Drive # 2013 Altamonte Springs FL 32714
Altemante Source FL 32714
ARTICLE VII _ INCORPORATOR
The name and address of the Incompretor is
Barbara Schwart 7 Arnold Geldstein + Associates Arnold Geldstein + Trail #260 Boca Racton FL 33431
Acnold geldstein + Association
500 N. Umilitary Tract 1100
DOLA (CECION FC) 3 (3)
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
4/14/05
Signature/Registered Agent Date Date
Junaia serwaits 4/4/05
Signature/Incorporator Date