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SECRETARY OF STATE
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COVER LETTER

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

SUBJECT: LOAN FALL OUT, NET JNC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:		
\$70.00 Filing Fee	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:	Scottle Name	VENTHAL (Printed or typed)	SECRETARY OF	OT APR -2 PM	
	1 1/ 0 /V/	Address		- 	
	De/Ray City,	Perinted or typed) Poli woods Address Beach State & Zip	FC 38	1996	
	(561	702-08	93子		
Daytime 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: LOAN FALLOUT. N	etaIK.
The principal place of business/mailing address is: 9713 Napoli woods land Dellag Beach, F.L. ARTICLE III PURPOSE The purpose for which the corporation is organized is: MORTGAGE IV SHARES The number of shares of stock is: 1,000,000	FILED OT APR -2 PM 2: 06 SECRETARY OF STATE SECRETARY OF STATE ALLAHASSEE, FLURIDA
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Scott Leven Mal - Preside 9713 NAPOLI WOODS lave Deiras	Beach F.C. 334.46
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street address (P.O. Box NOT acceptable) of the register of the second street a	
The name and address of the Incorporator is: 500 H Leven Mage 9713 NAPOLI WOODS Lave	DelPay Beach FL 33446
**************************************	**************************************
	3-29-07
Signature/Registered Agent	3-29-07 Date 3-29-07
	3-29-0 T

Date

Signature/Incorporator