

PR 00000 21277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

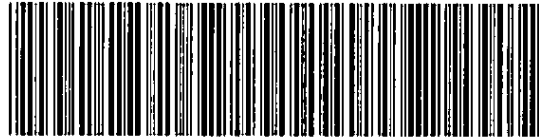
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T. SCOTT



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2020 FEB 24 PM 3:47
T. SCOTT

COVER LETTER

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

SUBJECT: Fall Line Enterprises, Inc

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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Fall Line Enterprises, Inc

Name (printed or typed)

142 Parkside Drive

Address

St. Augustine, FL 32095

City, State & Zip

402-960-7224

Daytime Telephone Number

deborahstorlie@gmail.com

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, Deborah Storlie President
(Name) (Title)

of Fall Line Enterprises, Inc a foreign corporation.
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was March 26, 2006
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Nebraska
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Fall Line Enterprises, Inc
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Fall Line Enterprises, Inc
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Nebraska
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President of Fall Line Enterprises, Inc

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 14 day of February, 2020

Deborah Storlie
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

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ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Fall Line Enterprises, Inc

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

142 Parkside Drive, St. Augustine, FL 32095

142 Parkside Drive, St. Augustine, FL 32095

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any and all lawful business.

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FILED

ARTICLE IV · SHARES

THE NUMBER OF SHARES OF STOCK IS: 1000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

President/Deb Storlie

142 Parkside Drive

St. Augustine, FL 32095

Title/Name

Title/Name

Secretary/Deb Storlie

142 Parkside Drive

St. Augustine, FL 32095

Title/Name

Title/Name

Treasurer/Chad Storlie

142 Parkside Drive

St. Augustine, FL 32095

Title/Name

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

Deb Storlie

142 Parkside Drive

St. Augustine, FL 32095

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Deb Storlie

142 Parkside Drive

St. Augustine, FL 32095

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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

Deb Storlie
Signature/Registered Agent

2/14/2020
Date

Deb Storlie
Signature/Incorporator

2/14/2020
Date