## P9900000290

Department of State	
Division of Corporations	
P. O. Box 6327	9000030421797 -11/12/9901025018
Tallahassee, FL 32314	*****70.00 *****70.00
SUBJECT: Passing SA (Proposed corpor	rate name - must include suffix)
Enclosed is an original and one(1) copy of the article	es of incorporation and a check for:
/ / / / / / / / / / / / / / / / / / /	es of incorporation and a check for:
\$70.00 \$78.75  Filing Fee Filing Fee  & Certificate of Status	□\$78.75 □ \$87.50  Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
FROM: HOWARD ST	teinhardt rinted or typed)
10678 ST	Thomas Drive
Boca Ray	ON FLOCIDA 33498 State & Zip
561-883- Daytime Te	-3232 elephone number

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

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## 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 1 NAME	9
The name of the corporation shall be:	### ### ### ### ### ##################
PASSLINE SALES CORP.	FILE And IE
ARTICLE II PRINCIPAL OFFICE	<u>-</u>
The principal place of business and mailing address of this corporal	tion shall be:
10678 St. Thomas Drive	<u> </u>
BOCA RATON, FloridA 33498	<b>&gt;</b>
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to	have outstanding at any one time is:
100 Shares	er .
ARTICLE IV INITIAL REGISTERED AGENT AND	STREET ADDRESS
The name and Florida street address of the initial registered agent a	rre:
Howard Steinhardt	
10678 ST. THOMAS Drive	· ·
BOCA RATON, Floribh 33498	
ARTICLE V INCORPORATOR	mile
The name and address of the incorporator to these Articles of Inc	orporation are.
Howard Steinhardt	.egr. e. e eerre
10678 ST. Thomas Prive	
BOCA RATON, FLORIDA 33498	1/20
House Ventraid	11/5/99
Signature/Incorporator	Date
)	

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

Att Thought moon	red agent and to accept service t the appointment as registered elating to the proper and comp	agent and agree to act	n mis capacity	. I jui	ther agree to compry min
obligations of my position are	egistered agent		· 11	5	99
Signature/Reg	stered Agent	· <u>····································</u>	· /	Dá	te