Southern Contract Die	sions Inc
P.O. Box 13829 Tallahassee, Fl.	- 300 N
City/State/Zip Phone #	
T5505	5
	Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	_
(Corporation Name)	(Document#) 30003108163 8 HUUUELLE LEELEN
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _	Certified Copy
☐ Mail out ☐ Will wait	☐ Photocopy ☐ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION
OTHER FILINGS	REGISTRATION/QUALIFICATION 2
☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other

Examiner's Initials (2/2

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is:
	outhern Contract Dissigns TNC
SECOND:	The date dissolution was authorized: 12/1/99
THIRD:	Adoption of Dissolution (CHECK ONE)
	olution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
Disso	olution was approved by vote of the shareholders through voting groups.
en	the following statement must be separately provided for each voting group stitled to vote separately on the plan to dissolve: number of votes cast for dissolution was sufficient for approval by
	(voting group)
Signe Signature	ed this 20 day of JAOUARY, 15 200 95 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	REBISCA M. KRAFT (Typed or printed name)
	PRESIDENT / OWNER