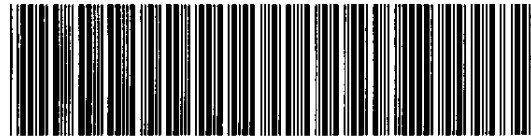


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAMES J. O'HEARN
ACCOUNTANT

PHONE (772) 225-1136 FAX (772) 334-4426 EMAIL: O'HERNTAX@BELLSOUTH.NET
INCOME TAX SERVICE ~ BOOKKEEPING ~ FINANCIAL STATEMENTS ~ CONSULTING

JUNE 04, 2011

Ms. MAXINE TAYLOR
1540 HEDINGTON CIRCLE
LAWRENCEVILLE, GA 30045

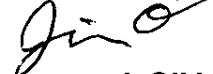
RE: THE WORD MADE FLESH, INC.

ENCLOSED PLEASE FIND THE FOLLOWING:

- 1. ARTICLES OF DISSOLUTION. SIGN (IN TWO PLACES WHERE INDICATED). MAIL IN STAMPED ENVELOPE PROVIDED. MY CHECK ENCLOSED ALREADY IN ENVELOPE.**
- 2. COPY OF DISSOLUTION FOR YOUR RECORDS.**
- 3. RECEIPT OF E-POSTCARD FROM INTERNAL REVENUE SERVICE (FORM 990-N FILED)**
- 4. INVOICE MARKED PAID**

SHOULD YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT ME.

SINCERELY,



JAMES J. O'HEARN

cc:files
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE WORD MADE FLESH, INC.

DOCUMENT NUMBER: N04000000715

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES J O'HEARN

(Name of Contact Person)

JAMES J O'HEARN, ACCOUNTANT

(Firm/Company)

2466 NE 17TH COURT

(Address)

JENSEN BEACH, FL 34957

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES J O'HEARN at (772) 225-1136

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2011

JAMES J. O'HEARN
JAMES J. O'HEARN, ACCOUNTANT
2466 NE 17TH COURT
JENSEN BEACH, FL 34957

SUBJECT: THE WORD MADE FLESH, INC.
Ref. Number: N04000000715

We have received your document for THE WORD MADE FLESH, INC. and check(s) totaling \$52.50. However, your check(s) and document are being returned for the following:

Please note the money amounts differ on the check. Please send a corrected check for the proper amount. The correct amount is \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 611A00015456

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
11 JUL -5 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

THE WORD MADE FLESH, INC.

SECOND: The document number of the corporation (if known): N04000000715

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

The date of the meeting of members at which the resolution to dissolve was adopted

_____ The number of votes cast by the members was sufficient for approval.

The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was 12/31/2010.

The number of directors in office was 5 and the vote for resolution was

5 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: 12/31/2010
(no more than 90 days after dissolution file date)

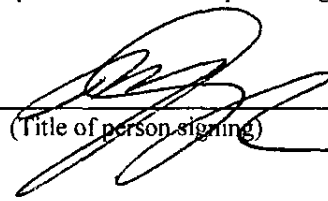
Signature _____
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

MAXINE TAYLOR

(Typed or printed name of the person signing)

DIRECTOR

(Title of person signing)



FILING FEE: \$35