

P04000041323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

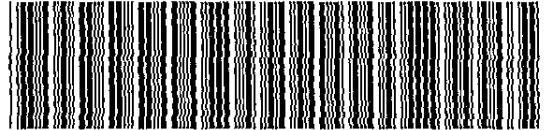
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/28/05--01001--003 **49.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 DEC 27 PM 4: 06

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STATE
CORPORATIONS
DIVISION
TALLAHASSEE, FLORIDA

05 DEC 27 PM 2: 58

RECEIVED

dis.

C. Coulette DEC 28 2005

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

The Center for Family Finance, Inc.

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by:

SP 12/27/05 1:10
Name Date Time

Walk-In _____ Will Pick Up _____

ARTICLES OF DISSOLUTION

OF

THE CENTER FOR FAMILY FINANCE, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. The name of the corporation is THE CENTER FOR FAMILY FINANCE, INC.
2. The document number of the corporation is P04000041323.
3. The date dissolution was authorized was December 17, 2005. The effective date of the dissolution shall be the date these Articles are filed with the Florida Department of State or any successor.
4. The dissolution of the corporation was approved by consent of the sole shareholder.

Executed on December 19, 2005.

THE CENTER FOR FAMILY FINANCE, INC.,
a Florida corporation

By: Melvyn Srybnyk
MELVYN SRYBNIK, President

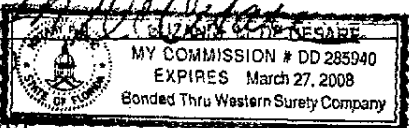
STATE OF FLORIDA -

COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me on DECEMBER 19, 2005,
by MELVYN SRYBNIK, who is personally known to me or has produced
_____ as identification.

Melvin Srybnyk

 (Print or stamp name)
 Notary Public
 Serial Number (if any) _____
 Commission Expiration Date 3-27-08



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