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(Requestor's Name)
(Address)
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Pro (hoice file	Inc.	
DOCUMENT NUMBER: POTOCOO	82415	
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the	e following:	
Gratan Dresselhoure		
(Name of Contact Person)		
(Firm/Company)		
(Address)		
Plymouth MI 48167		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\bigs\tag{\$43.75 Filing Fee & Certified Copy (Additional copenciosed)}		
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	
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Tallahassee, FL 32301

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 as currently filed with the Florida Department of State: Proposed File Inc.
	ALO (NOICE TILE THE.
SECOND:	The document number of the corporation (if known): Ponocostay15
THIRD:	The date dissolution was authorized: $2 - 2 - 5 - 08$
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
Č	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The joinowing statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: The number of votes cast for dissolution was sufficient for approval by (voting group)
	GroHam Dresselhouse mg 3
	(voting group)
	DRIDA BIDA
S	ignature:
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Gratton Dresselhouse
	(Typed or printed name of person signing)
	president
-	(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation:
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
dissolution Of Prochoicetile Inc
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
14200 £:1more dr.
14200 filmore dr. Plymouth MT 48167

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Graton Dravelhous

Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00