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Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200

Fax Number

: (407)423-1831

AFF STATE
FERORIDA

DISSOLUTION OR WITHDRAWAL

UNIVAL, INCORPORATED

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

ADC 00348/00421

Electronic Filing Menu

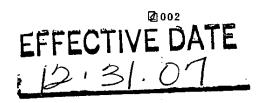
Corporate Filing Menu

Help

EFFECTIVE DATE

12.31.07

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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 St	
	Unival, Incorporated	
SECOND:	The document number of the corporation (if known): 420583	
THIRD:	The date dissolution was authorized: December 27, 2007	
	Effective date of dissolution if applicable: 12/31/2007	file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolution
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group of to vote separately on the plan to dissolve:	entitled
	The number of votes east for dissolution was sufficient for approval by	9
	:	07 DEC 21
	(voting,group)	
		7
	Signature: (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)	
	Susie N. Adams (Typed or printed name of person algring)	
	Treasurer (Title of person signing)	

Filing Fee: \$35

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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, P.S.

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

Name of Corporation: Unival, Incorporated				
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:				
Name and mailing address of the credito	r			
Amount of the claim				
Copies of document(s) forming the basis	of the claim			
Mailing address where claims can be sent: (Claims cannot be sent to the common of the	e Division of Corporations)			
Tampa, FL 33606-2533				
A claim against the above named corporation will be barred unless a private of the following of this notice. Susie N. Adams, Treasurer Printed Name of the Person Piling	Signature of the Person Filing			

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