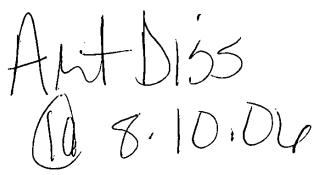


(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
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08/02/06--01052--002 **35.00



COVER LETTER

Division of Corporations
SUBJECT: SUN MANON CORPORATION
DOCUMENT NUMBER: 544904
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOSEE OLSEN
(Name of Contact Person)
SUN MANOR CORPORATION (Firm/Company)
(Firm/Company)
15 884 NORTH RUD
(Address) LOXA-HATCHEE, FL 33470 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at () (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Barring Fee & Barring Fee & S52.50 Filing Fee, Certificate of Status & Certified Copy & Certificate of Status & Certified Copy & Ce
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

Tallahassec, FL 32301

ARTICLES OF DISSOLUTION

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

SECOND: The document number of the corporation (if known): \$\frac{544904}{\lambda}\$ Third: The date dissolution was authorized: \$\frac{7/15/06}{\lambda}\$ Effective date of dissolution if applicable: \$\frac{8/1/06}{\lambda}\$ (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. 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 name of the corporation as Sun Man	currently filed with the Florida Department of State:
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. Dissolution was approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled	The document number of the co	erporation (if known): 544 904
(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. Dissolution was approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled	The date dissolution was author	ized: 7/15/06
Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. Dissolution was approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled	Effective date of dissolution if a	(no more than 90 days after dissolution file date)
Dissolution was approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled	Adoption of Dissolution (CHEC	CK ONE)
The following statement must be separately provided for each voting group entitled	Dissolution was approved by was sufficient for approval.	y the shareholders. The number of votes cast for dissolution
	Dissolution was approved by	y the shareholders through voting groups.
The number of votes east for dissolution was sufficient for approval by	The number of votes east for dis	
(voting group)	(ve	oting group)
Signature: (By a Grector, 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 (they fiduciary)	(By a director, president or other an incorporator - if in the hands to	
JOSEE OLSEN		
(Typed or printed name of person signing)	(Typed or printed	name of person sigming)
VICE PRESIDENT (Title of person signing)	VICE MRESI	DENT

Filing Fee: \$35