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., .	ACCOUNT NO.	:	12000000195
	REFERENCE	:	637674 7189872
	AUTHORIZATION	:	Spillenan
	COST LIMIT	:	\$ 35.00-
ORDER DATE :	January 10, 2011		
ORDER TIME :	9:12 AM		
ORDER NO. :	637674-005		
CUSTOMER NO:	7189872		

DOMESTIC FILINGS

NAME: BALLET FLORIDA, INC.

XX ___ ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY

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- XX PLAIN STAMPED COPY
- _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 2956

EXAMINER'S INITIALS:



2011 JAN 10 AM 11: 34

ARTICLES OF DISSOLUTACEAHASSEE, FLORIDA

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:

BALLET FLORIDA, INC.

SECOND: The document number of the corporation (if known): 729769

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 _____

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

_____ for and _____ against. (must be a majority vote)

Effective date of dissolution if applicable: upon filing FOURTH: (no more than 90 days after dissolution file date) Signature By the chairman or vice chairman of the board, president or other officer. A directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

JUAN J. ESCALANTE

(Typed or printed name of the person signing)

President

(Title of person signing)

FILING FEE: \$35