G29761

(Req	uestor's Name)	
(Add	ress)	-
(Add	ress)	
(City/	/State/Zip/Phone	e #)
		,
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: DISSOLUTION of Corporation		
DOCUMENT NUMBER: Charter # 628761 (3/3/1983)		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Eli M. Feinberg (Name of Contact Person)		
EMF & associates, Inc. (Firm/Company)		
363 Granello Avenue #716		
(Address)		
Coral Baloles, Fl 33146 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Eli M. Feln bevg at (305) - 904 - 2828 (Name of Contact Person) (Area Code) (Daytime Telephone Number)	_	
Enclosed is a check for the following amount:		
/		
\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)		
Mailing Address: Street Address:		
Amendment Section Amendment Section Division of Corporations Division of Corporations		
P.O. Box 6327 The Centre of Tallahassee		
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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:
	EMF & ASSOCIATES, Inc.
SECOND:	The document number of the corporation (if known): G28761 (3/3/1983)
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	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)
	(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. EMF & ASSOCIATES, Inc. The above named corporation is the subject of dissolution and the effective date of a dissolution is: (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.