795227

(Re	equestor's Name)
. (Ad	idress)
(Ad	ddress)
(Ci	ty/State/Zip/Phone #)
·	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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+*N C. STATE CERTIFIED MEDIATOR

February 19, 2007

Florida Department of State Corporations Division P.O. Box 6327 Tallahassee, FL 32314

Dear Sirs:

Enclosed for filing please find the originals and a copy of the following:

- 1. Articles of Dissolution for CHARBEE, INC.
- 2. Articles of Incorporation for CHARBE, INC.

Also enclosed is a Firm check in the amount of \$105.00 in payment of the filing fees.

Thank you for your assistance in this matter. If there is a problem or if you have any questions regarding the enclosed, please call me at the above number.

Sincerely,

GRAY, LAYTON, KERSH, SOLOMON, SIGMON, FURR & SMITH, P.A.

Sandra K. Lindley - Assistant

:skl

Enclosures-

ARTICLES OF DISSOLUTION

	ection 607.1403, Florida Statutes, this Florida profit corporation submits the following articles
of dissolution	0, rc8 22 PM 12: 37
FIRST:	The name of the corporation as currently filed with the Florida Deplay of State CHARBEE, INC.
SECOND:	The document number of the corporation is: J95227
THIRD:	The date dissolution was authorized: January 2, 2007
	Effective date of dissolution if applicable: Upon Filing (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	X 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 number of votes cast for dissolution was sufficient for approval by
	(voting group)
	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)
	Charlene B NASSIF
	(Typed or printed name of person signing) Resident
	(Title of person signing)

Filing Fee: \$35