L01329

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

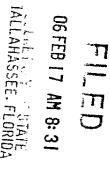
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by vol

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: ARTICLES OF DISSOLUTION			
DOCUMENT NUMBER: LO1329			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
CHIEF JOHN I. AGBEYEGBE (Name of Contact Person)			
_			
DADELINE CORPORATION (Firm/Company)			
P. O. BOX 681813 (Address)			
(Address)			
MIAMI, FL 33168			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
CHIEF JOHN IS AGBEYEGBE at (305) 892-1777 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)			
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section			
Amendment Section Amendment Section Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301			

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:
	DADELINE CORPORATION	
SECOND:	The document number of the corporation (if known): 601329	
THIRD:	The date dissolution was authorized: 2, 106	
	Effective date of dissolution if applicable: 3 1 06 (no more than 90 days after dissolution)	n file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)	3-1-0 f
	Dissolution was approved by the shareholders. The number of votes case was sufficient for approval.	t for dissolution
	Dissolution was approved by of the shareholders through voting groups.	
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled 66
	The number of votes cast for dissolution was sufficient for approval by	ARY OF STA
	(voting group)	8: 31 STATE LORIDA
:	Signature: (By a director, president or 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)	
	CHIEF JOHN I. AGBEYEGBE (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. Name of Corporation: 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: Mailing address where 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.

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