Elorida D Division of Co ccess System ling Cover **S**heet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 : (407)843-8880 Phone

Fax Number : (407)244-5690

DISSOLUTION OR WITHDRAWAL

OVERNIGHT LETTERPRESS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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ARTICLES OF DISSOLUTION

Pursuant to s articles of dis	section 607.1403, Florida Statutes, this Florida profit corporation submits the following ssolution:		
FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	OVERNIGHT LETTERPRESS, INC.		
SECOND:	The document number of the corporation (if known): L62937	ا العر العرب	
THIRD:	The date dissolution was authorized: August 31, 2007	1	
	Effective date of dissolution if applicable: N/A (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 number of votes cast for dissolution was sufficient for approval by		
Signed this _	31st day of August, 2007.		
Signature:	Junarde Smith		
	(By & 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)		
	Amanda Smith (Typed or printed name of person signing)		
	President (Title of person signing)		
	, <u> </u>		