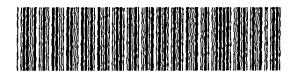
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(Re	questor's Name)	
(Ade	dress)	
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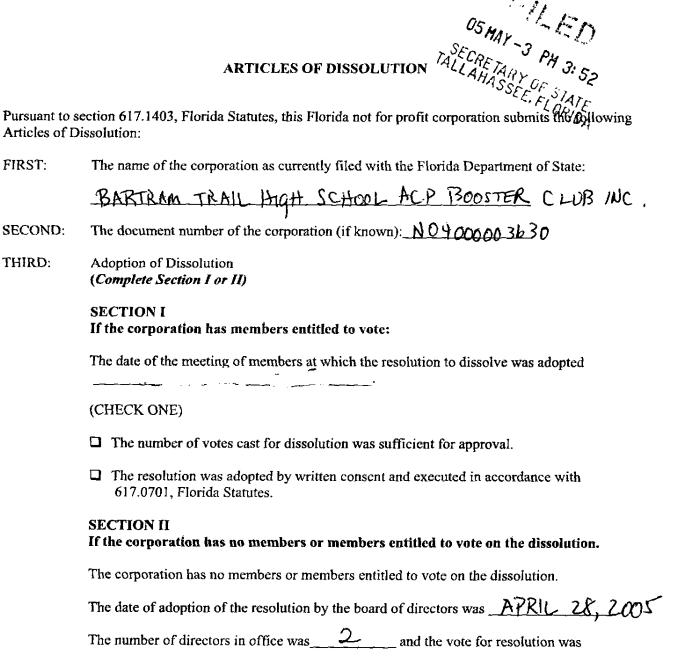




COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: DIS SOLUTION OF	NOT-FOR-PROFIT CORPORATION	
DOCUMENT NUMBER: NO 4060	003630	
The enclosed Articles of Dissolution and fee a	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
LAUREN	AUSTIN	
(Name	of Person)	
(Name of I	Firm/Company)	
1136	MILL CREEK DRIVE	
(Add	MILL CREEK DRIVE dress) ONVILLE, FLORIDA 32259 and Zip Code)	
<u>SACIES</u>	ONVILLE, FLORIDA 32259	
(City/State/a	and Zip Code)	
For further information concerning this matter,	please call:	
LAUREN AUSTIN (Name of Person)	at (904) 287 -8658 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
☐ \$35 Filing Fee	\$43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations	
Tallahassee, Florida 32314	409 E. Gaines Street Tallahassee, Florida 32399	



_____ against. (must be a majority vote)

Articles of Dissolution:

FIRST:

SECOND:

THIRD:

FOURTH:	Effective date of dissolution if applicable: (no more than 90 days after d	RIL ZS, ZOO'S issolution file date)
s	signed this 28 day of APRIL	2005
	Signature (By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	
	LAUREN AUSTIN (Typed or printed name of the person signing)	
	(Title of person signing)	

FILING FEE: \$35