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(Re	questor's Name)		
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☐ PICK-UP	☐ WAIT	MAIL	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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TO: Amendment Section Division of Corporations	
SUBJECT: Article of Dissolution	<u></u>
DOCUMENT NUMBER: NOSODO	00265
The enclosed Articles of Dissolution and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Paula G. Robinson	
(Name of C	Contact Person)
Self-improvement Resource, I	
·	Company)
12604 SW 263rd. Terrace	
(Add	dress)
Homestead, Florida 33032	
(City/State a	and Zip Code)
For further information concerning this matter,	please call:
Paula G. Robinson	at (305) 360-4664
(Name of Contact Person)	(Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) \$\text{Certificate of Status & Certified Copy} \text{(Additional copy is enclosed)}
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of Sta	ıte:				
	SEIF-improvement RESOURCE, Inc.					
SECOND:	The document number of the corporation (if known): No 5000000265	ı				
THIRD:	The file date of the articles of incorporation: <u>June 16 2005</u>					
FOURTH	The corporation has not commenced to conduct its affairs.					
FIFTH:	No debts of the corporation remains unpaid.					
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)					
	The dissolution was authorized by a majority of the directors: OR					
	The dissolution was authorized by an incorporator.	SECF	07 桁			
	☐ The dissolution was authorized by a majority of the incorporators.	Cretafy of State Lahassee, florida)7 MAY 10	Ė		
			FR -: 4			
		STATI	··			
Sign	ature: Pawle 9. Robits	Žπ	Ţ.			
(By the chairman of 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)						
	TAULA G. ROBINSON (Typed or printed name of person signing)					
	(1) ped of printed name of person signing)					
	JNCORPORATOR (Title of person signing)					

Filing Fee: \$35