N05000009538

(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:		
Office Use Only		
Robert Rose GAVE		
AUTHORIZATION BY PHONE TO		
CORRECT		
DATE 4/12 DOC. EXAM 1/5		



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SECRETARY OF STATE OF STATE OF STATE OF CORPORATIONS DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS

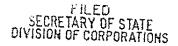
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT:		
DOCUMENT NUMBER: 1/0 500000 9538.		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Name of Contact Person) GULF STATES ENNOYEE FULLS ILLE		
(Name of Con GULF STATES L	MKOYEE FULLS ILLE	
(Firm/Company)		
P.O. Box 640616 (Address) (Address) (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
LOBERT LOWE	at (So5) 947-9966 (Area Code & DaytimeTelephone Number)	
(Name of Contact Person)	(Area Code & DaytimeTelephone Number)	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & Certificate of Status		
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



2006 MAR 31 AM 11: 13

ARTICLES OF DISSOLUTION



Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: GULF STATES EMPLOYEE FULLS, INC.

The document number of the corporation (if known): NO500000959 SECOND: Adoption of Dissolution THIRD: (Complete Section I or II) SECTION I If the corporation has members entitled to vote: The date of the meeting of members at which the resolution to dissolve was adopted (CHECK ONE) The number of votes cast for dissolution was sufficient for approval. The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes. SECTION II If the corporation has no members or members entitled to vote on the dissolution. The corporation has no members or members entitled to vote on the dissolution. The date of adoption of the resolution by the board of directors was ______.

The number of directors in office was ____ and the vote for resolution was

for and _____ against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: APRIL 1, 2006

(no more than 90 days after dissolution file date)

(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.)

(Typed or printed name of the person signing)

(Title of person signing)

FILING FEE: \$35