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TO: Amendment Section

Division of Corporations

SUBJECT: DISSOLUTION	OF ARTICLE
DOCUMENT NUMBER: <u>NO7 00006 6288</u>	
The enclosed Articles of Dissolution and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
DAVIO RAINFORD (Name of Con	
(Name of Con	ntact Person)
AREA CODE CUCTURA (Firm/Co	c services Inc
P:O Box S900	, 26
FT. Laudydole F(City/State an	(
(City/State an	d Zip Code)
For further information concerning this matter, please call:	
DAVID RAINFORD (Name of Contact Person)	at (954) 599 - 0792.
(Name of Contact Person)	(Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:	
\$\frac{1}{35}\$ Filing Fee \$\bigcup \$\\$43.75\$ Filing Fee & \$\bigcup \$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

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 State:	
	Areacode Cultural Services Inc	
SECOND:	The document number of the corporation (if known): No7 000 00 6288	
THIRD:	The file date of the articles of incorporation: $\frac{6/19/2007}{}$	
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.	
,	☐ The dissolution was authorized by a majority of the incorporators.	
Signature: Daniel France		
,	(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)	
•	DAVID RAINFORD (Typed or printed name of person signing)	
INCOORPORATOR. OWNER PRESIDENT)		

Filing Fee: \$35