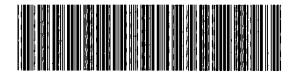
NO8000007946

| (Requestor's Name) | | |
|-------------------------|--------------------|-------------|
| | | |
| (Ad | dress) | |
| | | |
| | dress) | |
| (Au | uiessj | |
| | | |
| (Cit | y/State/Zip/Phon | e #) |
| | | |
| PICK-UP | WAIT | MAIL |
| | | |
| /Bu | siness Entity Nar | ma) |
| (Bu | Silless Littly War | ne, |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| <u> </u> | | - |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |





400145376214

03/11/09--01013--004 **35.00



SECRETARY OF SIAISON OF CORPORATION

COVER LETTER

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION



Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following 02 Articles of Dissolution:

| FIRST: | The name of the corporation as currently filed with the Florida Department of State: | |
|---------|--|--|
| | ADOPTION REUNION INC | |
| SECOND: | The document number of the corporation (if known): NOS 00000 > 9 46 | |
| THIRD: | The file date of the articles of incorporation: 8/25/08 | |
| FOURTH | The corporation has not commenced to conduct its affairs. | |
| FIFTH: | No debts of the corporation remains unpaid. | |
| SIXTH: | No debts of the corporation remains unpaid. 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 a majority of the directors: OR | |
| | ☐ The dissolution was authorized by an incorporator. | |
| | ☐ The dissolution was authorized by a majority of the incorporators. | |
| | | |
| Sign | ature: | |
| | (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) | |
| | PAHELA JEKEL (Typed or printed name of person signing) | |
| | • | |
| | (Title of person signing) | |
| | (Title of person signing) | |

Filing Fee: \$35