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### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : BUSH ROSS, F.A.
Account Number : 119990000150
Phone : (813)224-9255
Fax Number : (813)223-9620

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## DISSOLUTION OR WITHDRAWAL HELMETS FOR LIFE, INC.

Certificate of Status	0
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#### ARTICLES OF DISSOLUTION

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	ARTICLES OF DISSOLUTION
Pursuant to a Articles of E	ARTICLES OF DISSOLUTION section 617.1403, Florida Statutes, this Florida not for profit corporation submits the followings:  The name of the corporation as currently filed with the Florida Department of State:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	HELMETS FOR LIFE, INC.
SECOND:	The document number of the corporation (if known): N0900006393
THIRD:	Adoption of Dissolution (COMPLETE SECTION   OR II)
	SECTION I  If the corporation has members entitled to vote:
	(CHECK/COMPLETE ONE)
	The date of the meeting of members at which the resolution to dissolve was adopted
	MARCH 12, 2010 . The number of votes cast by the
	members was sufficient for approval.
	The resolution was adopted by written consent of the members and executed in accordance with section 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.

(no more than 90 days after dissolution file date)

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.)

#### PATRICIA DOUGLAS

(Typec or printed name of the person signing)

#### CHAIRMAN OF THE BOARD

(Title of person signing)

**FILING FEE: \$35**