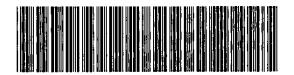
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11/16/11

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Rhythms of a Child's Min	nd Inc.
DOCUMENT NUMBER: N100000090)34
The enclosed Articles of Dissolution and fee a	are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
ChrisAnne Rivers	
(Name of C	Contact Person)
(Firm/C	Company)
13019 153 Road North	,
	dress)
Jupiter, FL 33478	and Zin Code)
(Chy/State a	and Zip Code)
For further information concerning this matter,	, please call:
ChrisAnne Rivers	at (561) 401-5368
(Name of Contact Person)	(Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:	
	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (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 FILED

Pursuant to s Articles of D	section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following SECRETARY OF STATE TALL AHASSEE, FLORIDA
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Rhythms of a Child's Mind Inc.
SECOND:	The document number of the corporation (if known): N1000009034
THIRD:	The file date of the articles of incorporation: 09/24/2010
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.
Signa	(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)
	ChrisAnne Rivers
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35