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COVER LETTER

TO: Amendment Section

SUBJECT: ARTicles of Dissolution DOCUMENT NUMBER: M950000 49 79 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROSITA B. McGowaw (Name of Contact Person) MAHARLIKA SOCIETY OF FIREIDA, TWC. (Firm/Company) 2022 CHELRM WWY (Address) BRANDON, FL 335// (City/State and Zip Code) For further information concerning this matter, please call: Rhose McGowaw (Name of Contact Person) Enclosed is a check for the following amount: Mailling Apdress: Amendment Section Division of Corporations TERET ADDRESS: Amendment Section Division of Corporations	Division of Corporations	
The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROSITA B. McGOWAN (Name of Contact Person) MAHARLIKA SOCIETY OF FLARIDA, TWC. (Firm/Company) 2022 CHELNM WAY (Address) BRANDON, FL 335// (City/State and Zip Code) For further information concerning this matter, please call: Ahose McGowan at (8/3) 653~3237 (Name of Contact Person) Enclosed is a check for the following amount: \$\sqrt{\$\sqrt{\$\sqrt{335}\$}\$}\$ Filing Fee \$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{33.75}\$}}\$ Filing Fee \$\$\sqrt{	SUBJECT: ARticles of Dissolution	
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(Name of Contact Person) MAILING ADDRESS: Amendment Section (Name of Contact Person) (Name of Contact Person) MAILING ADDRESS: Amendment Section Division of Corporations (Name of Contact Person) (Area Code & Daytime Telephone Number) (Additional copy is enclosed) (Additional copy is enclosed) (Additional copy is enclosed) (Additional copy is enclosed)	The enclosed Articles of Dissolution and fee are submitted for filing.	
MAHARLIKA SOCIETY OF Flavida, INC. (Firm/Company) 2022 CHELMM WAY (Address) BRANDON FL 335 (City/State and Zip Code) For further information concerning this matter, please call: Phose M Gowan at (8/3) 653 - 3237 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: S35 Filing Fee \$ 43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) MAILING ADDRESS: Amendment Section Division of Corporations	Please return all correspondence concerning this matter to the following:	
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City/State and Zip Code	MAHARLIKA Society of Florida, INC.	
BRANDON, FL 335// (City/State and Zip Code) For further information concerning this matter, please call: ### Apose McGowan	(Firm/Company)	
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P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		
Ditta Dan 1997	enclosed) (Additional copy is enclosed) MAILING ADDRESS: Amendment Section Division of Corporations (Additional copy is enclosed) STREET ADDRESS: Amendment Section Division of Corporations	

Tallahassee, FL 32301



ARTICLES OF DISSOLUTION

Pursuant to s Articles of D	ection 617.1403, Florida Statutes, this Florida not for profit corporation submits the following pissolution:		
FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	MAHARLIKA Society of I-Toxida, Inc. The document number of the corporation (if known): N9500004979		
SECOND:	The document number of the corporation (if known): N9500004979		
THIRD:	Adoption of Dissolution (COMPLETE SECTION I 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		
	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 8 July 2008.		
	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: / SepTember 2008
(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 elected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

ROSTA B. M. GOWAN

(Typed or printed name of the person signing)

EDC/O/

FILING FEE: \$35