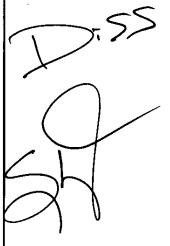


(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

Division of Corporations
SUBJECT: Amalgamated Resources, Inc.
DOCUMENT NUMBER: P0000000095
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher J Draco
(Name of Contact Person)
Amalgamated Resources, Inc.
(Firm/Company)
PO Box 691898
(Address)
Orlando, FL 32869-1898
(City/State and Zip Code)
For further information concerning this matter, please call:
Christopher J Draco at (407) 888-9441  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□\$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee,  Certificate of Status Certified Copy (Additional copy is enclosed)  Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:			
	Amalgamated Resources, Inc.			
SECOND:	The document number of the corporation (if known): P0000000095			
THIRD:	The date dissolution was authorized: 12/26/2006			
	Effective date of dissolution if applicable: 12/31/2006  (no more than 90 days after dissolution file)	e date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast fo was sufficient for approval.	r dissolution		
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group ent to vote separately on the plan to dissolve:	itled		
	The number of votes cast for dissolution was sufficient for approval by			
	(voting group)  SSTATE  FLORIDA	-2 AM 10: 37		
	Signature:  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)			
	Christopher J Draco			
	(Typed or printed name of person signing)			
	Director, President, Incorporator			
	(Title of person signing)			

Filing Fee: \$35