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SECRETARY OF STATE DIVISION OF CORPORATIONS

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| The enclosed Articles of Dissolution and fee are submitted for filing. | | | | |
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| Please return all correspondence concerning this matter to the following: | | | | |
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| (Name of Contact Person) | | | | |
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| For further information concerning this matter, please call: | | | | |
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| (Name of Contact Person) at (QD4) 482-1144 (Area Code & Daytime Telephone Number) | | | | |
| 111010 (111 at (701) 700-1179 | | | | |
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| Enclosed is a check for the following amount: | | | | |
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| MAILING ADDRESS: | STREET ADDRESS: | | | |
| Amendment Section | Amendment Section | | | |
| Division of Corporations | Division of Corporations | | | |
| P.O. Box 6327 | Clifton Building | | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | | | |
| | Tallahassee, FL 32301 | | | |
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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: | |
|---------|--|---|
| SECOND: | The document number of the corporation (if known): POCOCO 15 106 | |
| THIRD: | The date dissolution was authorized: 5/9/07 | |
| | Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | |
| | Dissolution was approved by the shareholders. The number of votes cast for dissolut was sufficient for approval. | ion |
| | Dissolution was approved by the shareholders through voting groups. | |
| | The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: All three members none of whom one authorized. The number of votes east for dissolution was sufficient for approval by separately as a group have approved dissolution. | lo vote |
| | 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) (Typed or printed name of person signing) | SECRETARY OF STATE DIVISION OF CORPORATIONS |
| | Vice Resident | |

Filing Fee: \$35