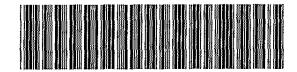
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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Diss. I Notice

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations **SUBJECT:** Talisman Business Corporation DOCUMENT NUMBER: P00000024747 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Carlos ThurdeKoos (Name of Contact Person) (Firm/Company) 4301 Vineland Road, Suite E-6 (Address) Orlando, FL 32811 (City/State and Zip Code) For further information concerning this matter, please call: Carlos ThurdeKoos (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: ✓\$35 Filing Fee S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) MAILING ADDRESS: STREET ADDRESS: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

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:		
Indi.	Talisman Business Corporation		
	Talisman Business Corporation		
SECOND:	The document number of the corporation (if known): P0000024747		
THIRD:	The date dissolution was authorized: $\frac{2/29/96}{}$		
	Effective date of dissolution if applicable: 12/3/06 (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 dissolution was sufficient for approval.		
	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:		
	The number of votes cast for dissolution was sufficient for approval by		
	(voting group)		
	(volining group)		
	SSE TO LE		
	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)		
	Carlos ThurdeKoos		
	(Typed or printed name of person signing)		
	\mathcal{I}_{a}		
	mej.		
	(Title of person signing)		

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: Talisman Business Corporation Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 4301 Vineland Road, Suite E-6 Orlando, FL 32811 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. Carlos ThurdeKoos

Printed Name of the Person Filing

Signature of the Person Filing