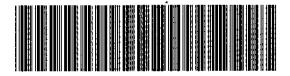


(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(D	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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01/03/11--01024--005 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DISOLUTION OF COMPACT SNACK BOXES

DOCUMENT NUMBER: P00000029200

The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) RAYMOND F. SULLIVAN (Firm/Company) COMPACT SNACK BOXES INC. (Address) 11763 OLD COURSE RD. CANTONMENT, FLORIDA 32533

For further information concerning this matter, please call: at (850)206 5601

RAYMOND F. SULLIVAN 850-206-5601

Enclosed is a check for the following amount:

xx \$35 Filing Fee □□ \$43.75 Filing Fee & □□ \$43.75 Filing Fee & □□ \$52.50 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 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:

All Marian Strains

FIRST: The name of the corporation as currently filed with the Florida Department of State: **COMPACT SNACK BOXES INC.**

SECOND: The document number of the corporation P00000028200

THIRD: The date dissolution was authorized:

27 DECEMBER 2010

FOURTH: Adoption of Dissolution (CHECK ONE)

XXX 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:

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) (Title of person signing)

officer

~ C Mallet

RAYMOND F. SULLIVAN

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:

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:

COPY OF BILLINGS WHICH WERE NOT PAID, INCLUDING DATE OF RECEIPT BY THE CORPORATION WITH ITEMIZED COPY OF PAYMENTS AND UNPAID ITEMS.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

11763 OLD COURSE RD CANTONMENT, FLORIDA 32533

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.

Printed Name of the Person Filing Signature of the Person Filing RAYMOND F. SULLIYAN

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00