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(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer: Mrs. Leone, authorized by phere the date of litery adoption of sine effective date				
Mrs Levre, authorized				
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7. Leuis 7/7/03				
Office Use Only				



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Division of Corporation
P.O. Box 6327
Tallahassee, FI 32314
(850) 245-6050

To Whom it May Concern:

Enclosed are the articles of Dissolution. As of June 30, 2003 my businees will cease operation due to economical circumstances.

Responsible party:
Kelli-Ann Leone
100 Seawoods Drive S.
St. Augustine, FI 32080
(904) 461-5482

** ENClosed Is a check for the Dispolution for \$35.

ENClosed Is a check for the Dispolution for \$35.

ARTICLES OF DISSOLUTION

	section 607.1403, Florida Statutes, th rticles of dissolution:	is Florida profit corporati	ion submits the	
FIRST:	The name of the corporation is: KEI	_LI-ANN, INC-	*	
SECOND:	The date dissolution was authorized:	JUNE 18, 2003		
	F	Effective Date: JUNE	E 30, 2003	
THIRD:	Adoption of Dissolution (CHECK ONE)			
	solution was approved by the sharehole sufficient for approval.	ders. The number of votes	cast for dissolution	
☐ Dis	solution was approved by vote of the s	hareholders through voting	g groups.	
	The following statement must be separa ntitled to vote separately on the plan to		ing group	
The	number of votes cast for dissolution w	as sufficient for approval l	by	
۲	Kelli-Ann Leone, President			
	(voting g	roup)		
Sig	ened this 18 day of JUNE		2003	
Signature	X reil-Chysterner		<u></u>	
	(By the Chairman or Vice Chairman of the	Board, President, or other officer)		
	Kelli-Ann Leone	· · · · · · · · · · · · · · · · · · ·	- =	
	(Typed or prin	ted name)		
	President		I.	
	(Title	:)		