# P0/000022470

| (Re                       | questor's Name)   |           |
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| (Ad                       | dress)            |           |
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| PICK-UP                   | WAIT              | MAIL      |
| (Bu                       | siness Entity Nam | ne)       |
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| TO: Amendment Section Division of Corporations                        |   |   |
|---|---|---|
| SUBJECT: I dentity  | Holidays, I   | nc.   |
| DOCUMENT NUMBER: POIOO  | 10022470  |   |
| The enclosed Articles of Dissolution and for                          | ee are submitted for filing.  |   |
| Please return all correspondence concerning                           | g this matter to the followin   | ıg:   |
| Todd May (Name of   | Person)   |   |
| Identity Holidar (Name of   | /S Inc.<br>Firm/Company)  |   |
| 1535 Jackson  | St. (Address)   | <del>e de la composició</del> de la composició de |
| Hollywood, FL = (City/s   | 33020<br>State/and Zip Code)  | in the second se          |
| For further information concerning this mat                           | tter, please call:  | ·· · · .  |
| Todd May (Name of Person)   | at (954) 4<br>(Area Code & Day)                                       | 37-0800<br>time Telephone Number)   |
| Enclosed is a check for the following amou                            | nt:   |   |
| \$35 Filing Fee \$\omega\$ \$43.75 Filing Fee & Certificate of Status | □ \$43.75 Filing Fee & □ Certified Copy (Additional copy is enclosed) | 1 \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed)  |
| MAILING ADDRESS:  | стргі   | ET ADDRESS:   |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

## 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 Department of State:  |
|---------|---|
|         | Identity Holidays, Inc.   |
| SECOND: | The document number of the corporation (if known): PO 10000 22 470  |
| THIRD:  | The date dissolution was authorized: 12/15/64   |
|         | Effective date of dissolution if applicable: 12/31/04 (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 of 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   |
|         | The number of votes cast for dissolution was sufficient for approval by  AND  AND  AND  AND  AND  AND  AND  AN                      |
|         | Signed this 23rd day of December, 2004.   |
| Signat  | ure: Jodd L. May  (By a director, president or other officers 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)                                      |
|         | Todd L. May (Typed or printed name of person signing)   |
|         | President (Title of person signing)   |

Filing Fee: \$35