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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	 #)
		MAIL
(Bi	usiness Entity Nam	e)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
2		
, ,	Office Use Onl	v



01/26/10--01016--022 **35.00







	INC. 236 East 6th Avenue . Tallahassee, Florida 32303
	P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666
	WALK IN
	PICK UP: 1/26/10 Alma
]	CERTIFIED COPY
	РНОТОСОРУ
]	CUS
7	FILING Dissolution
	ORPORATE NAME AND DOCUMENT #)
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(C)	ORPORATE NAME AND DOCUMENT #)
	ORPORATE NAME AND DOCUMENT #)

ARTICLES OF DISSOLUTION

FILED

Pursuant to Section 607.1401, Florida Statutes, this Florida profit corporation submits the following: 59 articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

otering. APUS PO1 - 44

SECOND: The document number of the corporation (if known): **PDI** - **TTADA**

THIRD: The file date of the articles of incorporation: 5/2

FOURTH: (CHECK AT LEAST ONE BOX)

None of the corporation's shares have been issued.

The corporation has not commenced business.

- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
- SEVENTH: Adoption of Dissolution (CHECK ONE)

A majority of the incorporators authorized the dissolution.

A majority of the directors authorized the dissolution.

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)

Fitle of Person Signing)

Filing Fee: \$35