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| PICK-UP                 | WAIT MAIL                             |     |
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| (Bu                     | usiness Entity Name)                  |     |
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|                         |                                       |     |
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| Special Instructions to | Filing Officer                        | - 1 |
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FILED SECRETARY OF STATE DIVISION OF CORPORATION

AND 135 May 3/24/09

## **COVER LETTER**

TO: Amendment Section

| Division of Corporations  |   |  |  |  |
|---|---|--|--|--|
| SUBJECT: BUSINESS CLOSING   | <u>a`</u>   |  |  |  |
| DOCUMENT NUMBER:  |   |  |  |  |
| The enclosed Articles of Dissolution and fee are submit   | tted for filing.  |  |  |  |
| Please return all correspondence concerning this matter   | to the following:   |  |  |  |
| MICHAEL JOHN DUTTON   | 7   |  |  |  |
| (Name of Contact Pers   | on)   |  |  |  |
| MJD REPRESENTATION  | is he.  |  |  |  |
| (Firm/Company)  |   |  |  |  |
| 9201 LAKE MABEL DR  |   |  |  |  |
| (Address)   |   |  |  |  |
| ORLANDO FL 32836  | •   |  |  |  |
| (City/State and Zip C   | ode)  |  |  |  |
| For further information concerning this matter, please ca   | all:  |  |  |  |
|   | 167 ) 925 36 17.<br>Area Code & Daytime Telephone Number) |  |  |  |
| Enclosed is a check for the following amount:   |   |  |  |  |
| ∑\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filin | al copy is Certified Copy                                 |  |  |  |
| MAILING ADDRESS:  | STREET ADDRESS:   |  |  |  |
| Amendment Section Division of Corporations  | Amendment Section 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:

| FIRST:  | The name of the corporation as currently filed with the Florida Department of State:  |               |                                       |  |  |
|---------|---|---------------|---------------------------------------|--|--|
|         | MJD REPRESENTATIONS INC.  |               |                                       |  |  |
| SECOND: | The document number of the corporation (if known): Poloco554  | <u>5</u>      | ······                                |  |  |
| THIRD:  | The date dissolution was authorized: 12 31 08   |               | <u> </u>                              |  |  |
|         | Effective date of dissolution if applicable: 12/31/08 (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 was sufficient for approval.   | for disso     | lution                                |  |  |
|         | 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   |               |                                       |  |  |
|         |   |               | œ                                     |  |  |
|         | (voting group)  | 09 MAR        | VISION                                |  |  |
|         | Signature:  (By a director, president of 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 | R 23 AM 9: 51 | RETARY OF STATE<br>IN OF CORPORATIONS |  |  |
|         | that fiduciary)   | *             | S                                     |  |  |
|         | MICHAEL DUTTON  |               |                                       |  |  |
|         | (Typed or printed name of person signing)   |               |                                       |  |  |
|         | PESIDENT  |               |                                       |  |  |
|         | (Title of person signing)   |               |                                       |  |  |

Filing Fee: \$35