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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: _____

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lourdes Jelencic
(Name of Person)

(Name of Firm/Company)

8464 NW 165 Street
(Address)

Miami Lakes FL 33016
(City/State/and Zip Code)

For further information concerning this matter, please call:

Lourdes Jelencic at (305) 827 0084
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee ☒ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

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 is:
CORVO FAMILY BUSINESS, INC.

SECOND: The date dissolution was authorized: DECEMBER 31, 2004

THIRD: Adoption of Dissolution (CHECK ONE)

☒ X Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

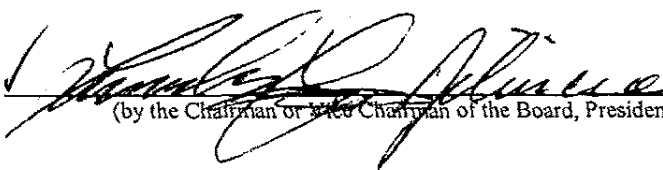
☐ o Dissolution was approved by vote of the shareholders through voting groups.

*The following statement must be separately provided for each voting group
Entitled to vote separately on the plan to dissolve:*

(Voting Group)

Signed this 25th day of MARCH, 2005

Signature


(by the Chairman or Vice Chairman of the Board, President, or other officer)

LOURDES C. JELINCIC

(Typed or printed name)

PRESIDENT

(Title)

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TALLAHASSEE, FLORIDA