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COVER LETTER

Division of Corporations
SUBJECT: DISSOLUTION OF JUST BREATHE! INC.
DOCUMENT NUMBER: PO1000063943
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MONICA GFRORER (Name of Person)
JUST BREATHE! INC. (Name of Firm/Company)
P.O. Box 570202 (Address)
ORLANDO, FL 32857 (City/State/and Zip Code)
For further information concerning this matter, please call:
MONICA CFRORER at (407) 384-9313 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations STREET ADDRESS: Amendment Section Division of Corporations

409 E. Gaines Street Tallahassee, Florida 32399

P.O. Box 6327 Tallahassee, Florida 32314

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: just Breathe The document number of the corporation (if known): PO 100063 943 SECOND: The date dissolution was authorized: THIRD: Effective date of dissolution if applicable: 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 to vote separately on the plan to dissolve: The number of votes cast for dissolution was sufficient for approval by (voting group) Signed this day of 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)

Filing Fee: \$35

(Title of person signing)

PRESIDENT