PO1000072436

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 29, 2012

Beverly Young Young & Restless Adventures, Inc. 1130 N. Golfview Rd. Lake Worth, FL 33460

SUBJECT: YOUNG & RESTLESS ADVENTURES, INC.

Ref. Number: P01000072436

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 512A00010549

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COVER LETTER

| TO: Amendment Section Division of Corporations Division of Corporations | |
|--|-------|
| SUBJECT: Closed business | |
| The state of the s | 101 |
| DOCUMENT NUMBER: P01000072436 | |
| The enclosed Articles of Dissolution and fee are submitted for filing, $a_{ijkln} = a_{ijkln} = a_{ij$ | |
| Please return all correspondence concerning this matter to the following: | 1,, |
| Beverly Young | (4.0 |
| (Name of Contact Person) in the street of the street o | |
| Young & Restless Adventures Inc. Transport of the Adventure of the Adventu | |
| (Firm/Company) 1130 N. Golfview Rd. | ţ. |
| (Address) (Address) (Address) | Paki |
| Lake Worth, FL 33460 | w., . |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| Beverly Young at (_561 _) 585-2285 | > |
| (Name of Contact Person) (Area Code & Daytime Telephone Numb | егу |
| Enclosed is a check for the following amount: | , |
| ✓\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) ✓ Certified Copy (Additional copy is enclosed) | |
| enclosed) | |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | |

| | ARTICLES OF DISSOLUTION FILED |
|---------------|---|
| Pursuant to | 13. EM 12: 32 |
| ot dissolutio | section 607.1403, Florida Statutes, this Florida profit corporation submartificationing articles on: SECRETARY OF STATE ORIDI |
| FIRST: | The name of the corporation as currently filed with the Florida Department of State: |
| | Young + Rest Kss Adventures TAC. |
| SECOND: | The document number of the corporation (if known): PO 1 00000 72 436 (?) |
| THIRD: | The date dissolution was authorized: |
| | Effective date of dissolution if applicable: Dec. 19 20 10 (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 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 |
| | |
| | (voting group) |
| | |
| | |
| \$ | (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 that fiduciary) |
| | BEVERLY L YOURS |
| | (Typed or printed name of person signing) |
| | Resident |
| | (Title of person signing) |

Filing Fee: \$35