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COVER LETTER

TO: Amendment Section **Division of Corporations** ARTICLES OF. **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Contact Person) (Firm/Company) (Address) (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) Enclosed is a check for the following amount: □\$35 Filing Fee ②\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF DISSOLUTION Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles

of dissoluti	on:
FIRST:	The name of the corporation as currently filed with the Florida Department of State
	_Z-JEM INCORPORATED
SECOND:	The document number of the corporation (if known): PO/0000 98545
THIRD:	The date dissolution was authorized: 13/31/2006
	Effective date of dissolution <u>if applicable:</u> (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)
•	
	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)
	Zulma / MATOS
	(Typed or printed name of person signing)
	TREASUREN/SETREMALLY
	(Title of person signing)

Filing Fee: \$35