P01000116353

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TALLAHAS SEE, FELORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Docs Misch Shop Inc.	
DOCUMENT NUMBER: P01000116353	3
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Michael R. Dockery	
(Name of Contact Person)	
Loc's Muscle Shot FNC (Firm/Company)	
1800 G. US Hay 441	/
1800 5. US Hwy 441 Orala, FL 34480	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Michael R. Dackery at (352) 132	2-7600
(Name of Contact Person) (Area Code & Dayti	me Telephone Number)
Enclosed is a check for the following amount:	
(Additional copy is Cer enclosed) (Ad	2.50 Filing Fee, tificate of Status & tified Copy Iditional copy is closed)
P.O. Box 6327 Clifton Buil	t Section Corporations

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:				
	Doe's Muscle Shap Tix-				
SECOND:	The document number of the corporation (if known): Polooolle	,353	_		
THIRD:	The date dissolution was authorized:		_		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution	n file date)	_		
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	t for dissoluti	or		
	Dissolution was approved by the shareholders through voting groups.	N CONTRACTOR	_		
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	ekilled &	יורבט.		
	The number of votes cast for dissolution was sufficient for approval by	1: 18 STATE LORIDA			
	(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)				
	Michael R. Dockery				
	(Typed or printed name of person signing)				
	Plusipent +				
	(Title of person signing)				

Filing Fee: \$35