P0200004691

(Reque	estor's Name)	
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(City/S	tate/Zip/Phone#)
PICK-UP	WAIT	MAIL
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(Docur	ment Number)	<u> </u>
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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: Dissolution of CARDWAY INC	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Adriene C. Sullivan	
(Name of Contact Person)	
CARDWAY INC	
(Firm/Company)	
10054 NW 18TH Street	
(Address)	
Pembroke Pines, Florida 33024	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Adriene C. Sullivan at (954) 260-10 (Name of Contact Person) (Area Code & Daytin	624 ne Telephone Number)
Enclosed is a check for the following amount:	te Telephone Ivamber)
(Additional copy is Certi- enclosed) (Additional copy is Certi-	.50 Filing Fee, ificate of Status & ified Copy litional copy is losed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 MAILING ADDRESS: Amendment Amendment Division of Corporations Clifton Build	Section Corporations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Departm	ent of S	tate:	
SECOND:	The document number of the corporation (if known): P0200004	<u>691</u>		
THIRD:	The file date the articles of incorporation: 01/14/2002			
FOURTH:	(CHECK AT LEAST ONE BOX)			
	None of the corporation's shares have been issued.			
	The corporation has not commenced business.			
FIFTH:	No debt of the corporation remains unpaid.			
SIXTH:	The net assets of the corporation remaining after winding up have been of to the shareholders, if shares were issued.	listribute As	ed O	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	ECRE LL AF	6 APR	
	☐ A majority of the incorporators authorized the dissolution.	TARY	R 28	
	✓ A majority of the directors authorized the dissolution.	RETARY OF STATE AHASSEE FLORIDA	PN 12: 52	FILED
Signa	ature: (By a director, president or other officer - if directors or officers have not been selected, by in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	an incorpo	orator -	·if
	Adriene C. Sullivan (Typed or printed name of person signing)			
	P/VP/S/T (Title of Person Signing)			
	(Title of Person Signing)			

Filing Fee: \$35