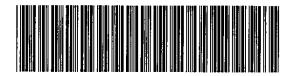
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(Re	equestor's Name)	
(Ac	ldress)	
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* COVER LETTER

Division of Corporations	
SUBJECT: Dissolution	
DOCUMENT NUMBER: POZOOO	036910
The enclosed Articles of Dissolution and fee are subr	nitted for filing.
Please return all correspondence concerning this matter	er to the following:
Richard Bn (Name of Contact Pe	ow n
North Floricla (Firm/Company	Smoothie Lac
111 Over/oo/L (Address)	Drive
(Address)	
Ponte Vedna	Beach F/ 32082 Code)
(City/State and Zip	Code)
For further information concerning this matter, please	call:
Richard Bonnin	914 519-2708
Richard Brown at ((Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certifie	nal copy is Certified Copy
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle	

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:
	North Florida Smoothie, Inc.
SECOND:	• • • • • • • • • • • • • • • • • • • •
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: 10 - 31 - 200 6 (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
	Signature: (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) (Typed or printed name of person signing)
	Director (Title of person cigning)

Filing Fee: \$35