P02000040884

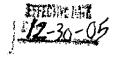
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to runing Officer.

Office Use Only



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12/19/05--01044--008 **95.00





Volum. Diss.
W/Notice
12/29/05
DC

COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: Dissolution of HELICART INC. a Florida Corporation DOCUMENT NUMBER: P02000040884 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Anton Burtscher (Name of Contact Person) (Firm/Company) 1435 Tiffany Lane, #305 (Address) Naples, FL 34105-4881 (City/State and Zip Code) For further information concerning this matter, please call: Anton Burtscher (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: Certificate of Status & Certificate of Status Certified Copy (Additional copy is 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

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

of dissolutio	n: 12-30-05		
FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	HELICART, INC.		
SECOND:	The document number of the corporation (if known): P02000040884		
THIRD:	The date dissolution was authorized: December 5th, 2005		
	Effective date of dissolution if applicable: December 30th, 2005 (no more than 90 days after dissolution for the control of t	île date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or dissolution	
	Dissolution was approved by of 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	, were	
		SER OS	
	(voting group)	SECRETARY ISION OF CC	
	Signature: Mholed Manle	PH 12: 21	
	(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)	ONS	
	Michael Marsh		
	(Typed or printed name of person signing)		
	President	•	
	(Title of person signing)		

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: HELICART, INC. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Type of Product, Date of purchase, Name and address of Purchaser. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Michael Marsh, 4424 Corporate Square, Naples FL, 34104 or Anton Burtscher, 1435 Tiffany Lane, #305, Naples FL, 34105 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. Anton Burtscher

Printed Name of the Person Filing

Signature of the Person Filing