## P00000394

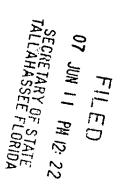
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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

SUBJECT: Dissolution and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:    Vincent Schroder (Name of Contact Person)	Division of Corporations				
The enclosed Articles of Dissolution and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:    Contact Substitute	SUBJECT: Dissolution of Psychworld, Inc.				
Please return all correspondence concerning this matter to the following:    Vincent Schooler	DOCUMENT NUMBER: P0200060394				
Name of Contact Person)  Psych World, Inc.  (Firm/Company)  L630 NW 41 St., D-3  (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:  (Additional copy is enclosed)  MAILING ADDRESS: Amendment Section  (Name of Contact Person)  (Name of Contact Person)  (Additional copy is enclosed)  STREET ADDRESS: Amendment Section	The enclosed Articles of Dissolution and fee are submitted for filing.				
Psych World, Inc. (Firm/Company)   Company   Company	Please return all correspondence concerning this matter to the following:				
Psych World, Inc. (Firm/Company)   Company   Company	Vincent Schroder				
(Address)  (Address)  (City/State and Zip Code)  For further information concerning this matter, please call:  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (Area Code & Daytime Telephone Number)  (Additional copy is Certificate of Status & Certified Copy (Additional copy is enclosed)  (Additional copy is enclosed)  (Additional copy is enclosed)  (Additional copy is enclosed)  MAILING ADDRESS:  Amendment Section	(Name of Contact Person)				
(Address)  (Address)  (City/State and Zip Code)  For further information concerning this matter, please call:  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (Area Code & Daytime Telephone Number)  (Additional copy is Certificate of Status & Certified Copy (Additional copy is enclosed)  (Additional copy is enclosed)  (Additional copy is enclosed)  (Additional copy is enclosed)  MAILING ADDRESS:  Amendment Section	Psychworld, Inc.				
(Address)  (Address)  (City/State and Zip Code)  For further information concerning this matter, please call:  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (Area Code & Daytime Telephone Number)  (Additional copy is Certificate of Status & Certified Copy (Additional copy is enclosed)  (Additional copy is enclosed)  (Additional copy is enclosed)  (Additional copy is enclosed)  MAILING ADDRESS:  Amendment Section	(Firm/Company)				
For further information concerning this matter, please call:	2630 NW 41 St., D-3				
For further information concerning this matter, please call:	Gainesville FL 32606				
Name of Contact Person   at   32   372 9777	(City/State and Zip Code)				
Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	For further information concerning this matter, please call:				
Enclosed is a check for the following amount:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	Vincent Schroder at 352 372 9797				
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)  **MAILING ADDRESS: Amendment Section**  **Street Address: Amendment Section**  **Street Address: Amendment Section**	(Name of Contact Person) (Area Code & Daytime Telephone Number)				
enclosed)  MAILING ADDRESS: Amendment Section  (Additional copy is enclosed)  STREET ADDRESS: Amendment Section	•				
Amendment Section Amendment Section	enclosed) (Additional copy is (Additional copy is				
Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building	•				

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 Department	ent of Sta	te:	
	- Bychworld, Inc.			
SECOND:	The document number of the corporation (if known): POL 6000	6039	4	
THIRD:	The file date of the articles of incorporation: $\frac{5/31/2002}{}$			
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 deto the shareholders, if shares were issued.	istributed		
SEVENTH:	Adoption of Dissolution (CHECK ONE)	7.		
	A majority of the incorporators authorized the dissolution.	SECRE	ال 70	
	A majority of the directors authorized the dissolution.	TARY IASSE	- X	F
Sign	ature:	OF STATE E FLORIDA	PM 12: 22	ED
_	(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 incorpora	tor - if	
	Vincent Schroder			
	(Typed or printed name of person signing)			
	Director			
	(Title of Person Signing)			

Filing Fee: \$35