P02000103653

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

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SECRETARY OF STATE AND A SECRETARY OF FLORIDA

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COVER LETTER

TO: Amendment Section

Division of Corporations								
SUBJECT: Articles OF Dissolution								
DOCUMENT NUMBER: P02000 103653								
The enclosed Articles of Dissolution and fee are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
Raine Dyer (Name of Contact Person)								
(Name of Contact Person)								
Touch OF Raine, Inc. (Firm/Company)								
1985 S. Orean Drive 14J (Address)								
Hallandole Beach, FZ 33009 (City/State and Zip Code)								
For further information concerning this matter, please call:								
Raine Tyer at (352) 895-1001 (Name of Contact Person) (Area Code & Daytime Telephone Number)								
Enclosed is a check for the following amount:								
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is 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

of dissolutio	n:	
FIRST:	The name of the corporation as currently filed with the Florida Department of States	
SECOND:	The document number of the corporation (if known): P02000103653	i
THIRD:	The date dissolution was authorized: 7/7/2006	
	Effective date of dissolution if applicable: 7/7/2006 (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	
	Raine Uyer (voting group)	.;
;	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hards of a receiver, trustee, or other court appointed fiduciary, by	
	that fiduciary) Raine Dyer	₹.
	(Typed or printed name of person signing)	_
	1 / esident	-

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 Co	rporation: Touch	OF Rair	e, Inc.		·	3 '
Date of diss	olution will be the date the the Articles of Dissolution	ne dissolution is filed	f with the Departm	ent of State or a	s	
Description	of information that must	be included in a clai	im:			
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		Dyer Dear ale Brach	Drive	e 33009		المحمول بي در در المحمول بي در در المحمول بي در در در المحمول بي در در المحمول بي در در المحمول بي در در المحم المحمول بي المحمول بي در المحمول بي در المحم المحمول بي المحمول بي
	inst the above named coars after the filing of this		red unless a proce	eding to enforce	the claim is cor	mmenced
R	aine Due		ا الله الله الله الله الله الله الله ال	b	len	
	Printed Name of the P	erson Filing		Signature of the	erson Filing	-

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00