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TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Voluntary Dissolu	tion of Corporation
DOCUMENT NUMBER: P030000	12497
The enclosed Articles of Dissolution and fee as	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Valeria D. Pitoni (Name of Pers	
(Name of Pers	on)
(Name of Firm	n/Company)
`	• • •
(A)	ddress)
P.O. Box 6611 (A) Titus ville, Fz 3278 (City/State	5Z
(City/State	/and Zip Code)
For further information concerning this matter,	please call:
	:
Valeria D. Pitoni (Name of Person)	at (321) 268-4088
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(A	Additional copy is enclosed) \$\sigma \$\sigma \text{\$\sigma \text{
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	409 E. Gaines Street
Tallahassaa Florida 20214	Tallahanna Florida 22200

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 Department of State: urtips of More at Stillwaters Form Inc SECOND: The document number of the corporation (if known): 1030000 1249 7 The file date of the articles of incorporation was: 0/-121-03THIRD: (CHECK AT LEAST ONE BOX) FOURTH: None of the corporation's shares have been issued. The corporation has not commenced business. FIFTH: No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed SIXTH: to the shareholders, if shares were issued. SEVENTH: Adoption of Dissolution (CHECK ONE) A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution. Signed this 17th day of Signature: 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.) Valeria D. P. Fori
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35