· P03000046281

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
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SECHETARY OF STATE

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: CORPORATE D	ISSOLUTION	····	
DOCUMENT NUMBER:	P03000046281		
The enclosed Articles of D	issolution and fee	are submitted for filing.	
Please return all correspond	lence concerning th	nis matter to the following	:
FRANK FINLEY			
	(Name of Contact	Person)	
STORY LINE, INC			_
	(Firm/Compa	ny)	
200 LESLIE DRIVE, SUITE 1112			
	(Address)		
HALLANDALE, FL 33009			
	(City/State and Zi	p Code)	
For further information cond	erning this matter,	please call:	
FRANK FINLEY (Name of Contact	at Person)	954-458-5 (Area Code & Daytime T	895 Telephone Number)
Enclosed is a check for the	following amount:		
x \$35 Filing Fee \$43. Certi	75 Filing Fee & ficate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (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

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:	
	STORY LINE, INC.		
SECOND:	The document number of the corporation (if known): P03000046281		
THIRD:	The date dissolution was authorized: 12/31/2005		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file	date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)	ŕ	
	Dissolution was approved by the shareholders. The number of votes cas dissolution was sufficient for approval.	t for	
	☐ 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:	SECI FALL/	700
	The number of votes cast for dissolution was sufficient for approval by	RE LARY I	FB 7 1
			A
	(voting group)	STATE LORIDA	17.1
	Signature: Jank U. Low. (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)		
	Typed or printed name of person signing)		
	PRESIDENT DAN DENNIS		

Filing Fee: \$35