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(Req	uestor's Name)		
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PICK-UP	WAIT .	MAIL	
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Certified Copies Certificates of Status			
Special Instructions to Fi	iling Officer:		
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SCURETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section

Division of Corporations				
SUBJECT: DISSOLUTION OF H	OLIDAY SEAVICES			
	LOOPLDWIDE INC			
DOCUMENT NUMBER: POSOCOSGOS3				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
JENNIFER HLOTON (Name of Contact Person)				
(Name of Contact Person)				
(Firm/Company)				
5720 WCENTINELA AVE APT 103				
(Address)	<u> </u>			
LOS ANGELES C	CA 90045			
(City/State and Zip Code)				
For further information concerning this matter, please call:				
~~	_			
TENNIFER HERON at (786) (Name of Contact Person) (Area)	9 353 6018			
(Name of Contact Person) (Area C	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 & Certificate of Status &				
(Additional cop				
enclosed)	(Additional copy is enclosed)			
MAILING ADDRESS:	STREET ADDRESS:			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

ESTRUMENTS.

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:		
	HOLIDAY SERVICES WORLDENIDE	12	
SECOND:	The document number of the corporation (if known): PO30000 5605	,3	
THIRD:	The date dissolution was authorized:DECEMBER 31, 2007		
	Effective date of dissolution if applicable: MARCH 31, 2008 (no more than 90 days after dissolution file de	ite)	
FOURTH:	: Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for d was sufficient for approval.	issolution	
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group entitle to vote separately on the plan to dissolve:		
	The number of votes cast for dissolution was sufficient for approval by	08 MAR 17	
	(voting group)	SEE OF	
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by	OF STATE EE, FLORIDA	
•	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		
	(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: HOLIDAY SERVICES WORLDWIDE MOC
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:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
JENNIER HICTOR
JENNIER HICTOR 5720 WICENTINECA AVE
APT 103
LES ANGELES CA 900\$45
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.
JENNITER HILTON
Printed Name of the Person Filing Signature of the Person Filing

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