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## **COVER LETTER**

TO:	Amendmen Division of		ns							
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The e	nclosed Article	es of Dissolut	ion and	fee are subr	nitted fo	r filing.				
Please	e return all corr	espondence c	oncernir	ng this matte	er to the	following:				
	STEVEN -	TOFFLEX							_	
		(1	Name of	Contact Pe	rson)					
	COVENTRY	HOSPITAL	79, In	ie.					_	
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For fi	ırther informati	on concerning	g this ma	atter, please	call:					
	STEVEN -	<u> </u>		at (_	571	) 487	-6786 time Telepl		~	
	(Name of	Contact Perso	n)		(Area C	ode & Day	time Telepl	hone Nu	mber)	
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⊠\$35	Filing Fee	]\$43.75 Filing Certificate of		\$43.75 Certifie (Additio enclose	d Copy nal copy	is C	52.50 Filing ertificate of ertified Cop Additional c enclosed)	Status &	šč.	
	MAILING AI Amendment S Division of O P.O. Box 632 Tallahassee,	Section Corporations 27				Amendme Division of Clifton Br 2661 Exec	ADDRESS: ent Section of Corporati uilding cutive Cente ee, FL 3230	er Circle		

## 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 of State:							
	Covenies Hospitality, INC.							
SECOND:	The document number of the corporation (if known): $\frac{903000630/9}{1000630/9}$ The file date the articles of incorporation: $\frac{06/05/2003}{1000630/9}$							
THIRD:	The file date the articles of incorporation: $06/05/2003$							
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 distributed to the shareholders, if shares were issued.	OS SEC						
SEVENTH:	Adoption of Dissolution (CHECK ONE)	APR SET						
	A majority of the incorporators authorized the dissolution.	CORF						
	A majority of the directors authorized the dissolution.	OG APR 12 PM 3: 48						
Sign	ature:							
	in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	VA 32						
	STEVEN TOFFLER							
	(Typed or printed name of person signing)							
	OWNER/ PRESIDENT							
	(Title of Person Signing)							

Filing Fee: \$35