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TO: Amendment Section Division of Corporations
SUBJECT: ARTICLES OF DISSOLUTION
DOCUMENT NUMBER: P03000085804
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
FRANK DE ROBERTIS
(Name of Contact Person)
(Firm/Company)
5415 SOL RUE CIRCLE
(Address)
VERO BEACH, FL 32967 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
TRANK DEROSCATIS at (772) 778-115/ (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
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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: The name of the corporation as currently filed with the Florida Department FIRST: TTALIAN CONNECTION CORDOVATION The document number of the corporation (if known): P03000085804 SECOND: The date dissolution was authorized: $\Delta \varepsilon c$, 31, THIRD: Effective date of dissolution <u>if applicable</u>: (no more than 90 days after dissolution file date) Adoption of Dissolution (CHECK ONE) FOURTH: 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 (voting group) Signature: (By a director, prosident or other officer - if directors or officers have not been selected, by an interporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) FKANK DEROBERTIS (Typed or printed name of person signing)

Filing Fee: \$35