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(Re	equestor's Name)	
(Address)		
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	TIAW [MAIL
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Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
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Office Use Only



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W/W Notice

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COVER LETTER

• TO: Amendment Section Division of Corporations		
SUBJECT: Foundations of Naples I	n<	
DOCUMENT NUMBER: P03000087021		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the	following:	
SAKA RUGANIS (Name of Contact Person)		
Foundations of Naples Inc. (Firm/Company)		
9107 Cypress DRS (Address)		
ti M. ti 22012		
F+ Myexs FL 33912 (City/State and Zip Code)		
For further information concerning this matter, please call:		
SARA RIGAN'S at (239 (Name of Contact Person) (Area C	321 7676 Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$	Certificate of Status &	
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 of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation subjetts the following articles on:
FIRST:	The name of the corporation as currently filed with the Florida Department of State: Foundations of Naples Inc.
SECOND:	The document number of the corporation (if known): POBOOOS 7021
THIRD:	The date dissolution was authorized: $\frac{4129106}{}$
	Effective date of dissolution if applicable: 4 29 / 06 (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	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
	SANA RUGANIS (voting group)
	(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)
	Diquetou (Owner)

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: 50 und Ations of Naples Inc.
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)
9107 Caprice De C
9107 Cypress Dr S Ft Myens FC 33912
·······································
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.
SALA RIGANIS DUA PEROMISS
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