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Dissolution

COVER LETTER

SUBJECT:	TO: Amendment Section Division of Corporations
The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOHES, DAUIS (Name of Person) JOHES, DAUIS (Name of Person) POBOX (O (Address) Celay Koy FL 33605 (City/State/and Zip Code) For further information concerning this matter, please call: JOHEDAUIS (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: Statistical Copy (Additional copy is enclosed) MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section	
Please return all correspondence concerning this matter to the following: JOILES, Davis (Name of Person) JOILES, Davis (Name of Firm/Company) POBOX (O (Address) Cladar Key FL 33635 (City/State/and Zip Code) For further information concerning this matter, please call: JOILE Davis (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: Street Additional copy is enclosed) MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section	DOCUMENT NUMBER: P030009492
Jolle J. Davis PA	The enclosed Articles of Dissolution and fee are submitted for filing.
(Name of Person) JOLIE J. DAULS PA (Name of Firm/Company) POBOX (O (Address) Cladar Kuy FL 33635 (City/State/and Zip Code) For further information concerning this matter, please call: JOLIE DAULS at (352) 543-5102 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: Statistical Copy (Additional Copy is enclosed) (Additional copy is enclosed) MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section	Please return all correspondence concerning this matter to the following:
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Cectar Koy FL 32625 (City/State/and Zip Code) For further information concerning this matter, please call: JOIIE Davis at (352) 543-5102	(Name of Firm/Company)
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(Name of Person) Enclosed is a check for the following amount: \$\begin{align*} \text{\$43.75 Filing Fee & \$\text{\$43.75 Filing Fee & \$\text{\$52.50 Filing Fee, } \\ \text{Certificate of Status & Certified Copy & Certificate of Status & (Additional copy is & Certified Copy & (Additional copy is & enclosed) & (Additional copy is & enclosed) & \text{\$MAILING ADDRESS: Amendment Section} & \text{\$STREET ADDRESS: Amendment Section} \end{align*}	For further information concerning this matter, please call:
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Amendment Section Amendment Section	Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is

	Division of Corporations Division of Corporations
P.O. Box 6327 409 E. Gaines Street Tallahassee, Florida 32314 Tallahassee, Florida 32399	

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:
	Jolie J. Davis, P.A.
SECOND:	The document number of the corporation (if known): PO 30000 9492]
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: May 31, 2005 (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 of the shareholders through voting groups.
	r following statement must be separately provided for each voting group entitled to wile arately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	STATI PRINT
	(voting group)
	Signed this May 30 day of Way, 2005.
	Signature: (By a director, president or other office) Hi directors or officers have not been selected, by an incorporator - if if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	(Typed or printed name of person signing)
	President - 100% Shareholder

Filing Fee: \$35