P03000147330

| (Rec | uestor's Name) | |
|---------------------------|------------------|---|
| (Add | Iress) | |
| (Add | iress) | |
| (City | /State/Zip/Phone | ≥#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nan | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | iling Officer: | · - · · · · · · · · · · · · · · · · · · |
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Office Use Only





01/24/05--01040--003 ****35.00**

VOLDIS W MOTICE

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Corporate Dissolution |
| DOCUMENT NUMBER: P03000147330 |
| The enclosed Articles of Dissolution and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Kathleen Schoeppner (Name of Person) |
| (Name of Person) |
| The Manor Gallery (Name of Firm/Company) |
| (Name of Firm/Company) |
| 1805 Canton St. |
| (Address) |
| Orlando, FL 32803 (City/State/and Zip Code) |
| (City/State/and Zip Code) |
| For further information concerning this matter, please call: |
| Kathleen Schoeppner at (407) 894 - 6683 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$35 Filing Fee \$\to\$ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, Florida 32314Tallahassee, Florida 32399 |

Tallahassee, Florida 32314

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 Department of State. |
|---------|---|
| | The Manor Gallery, Inc. |
| SECOND: | The document number of the corporation (if known): PO3000147330 = |
| THIRD: | The date dissolution was authorized: January 17th 2005 |
| | Effective date of dissolution if applicable: Sanvary 17th 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. |
| | 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) |
| | Signed this 18th day of January, 2005. |
| Signat | |
| | (By a director, president or other officer - if directors of officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) |
| | Kathleen Ann Schoeppner (Typed or printed name of person signing) |
| | President |

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: The Manor Gallery, 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: |
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| |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) |
| Kathy Schoeppner 1805 Canton St. |
| |
| Orlando, FL 32803 |
| |

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.

Kathleen Ann Schoeppner Katht Onn Schop
Printed Name of the Person Filing

Signature of the Person Filing