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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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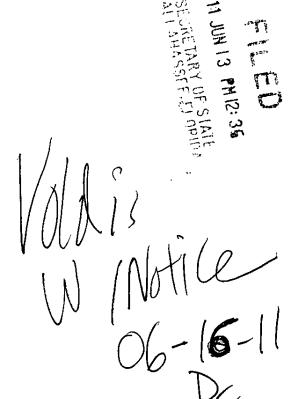
Office Use Only



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Effective bloom



COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Dissolution	of Art Alliance, Inc.		
DOCUMENT NUMBER:POY	000005657		
The enclosed Articles of Dissolution and f	ee are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:		
Randolph Dag (Name of	Contact Person)		
(Name of	Contact Person)		
THE ART AL	LIANCE, INC.		
PO BOX: 79	68		
(Address)			
<u>Clearwater</u>	te and Zip Code)		
(City/Sta	te and Zip Code)		
For further information concerning this mat	tter, please call:		
Randolph Davis	(323) 236-0010		
or Deborah Cramsie			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amou	nt:		
\$\textstyle \textstyle	Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS:	STREET ADDRESS:		
Amendment Section	Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314	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:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	ART ALLIANCE, INC.
SECOND:	The document number of the corporation (if known): PO400005657
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: 500 2011 (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
	(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)
	Randolph Riley Davis (Typed or printed name of person signing)
	President
	(Title of person signing)

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: ART ALLIANCE, 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:	
Nature of the claim	
Original creditor	
Nature of the claim Original creditor Original amount itemized alongside/along with interest and penalties (also itemized)	<u>L</u>
interest and penalties (also itemized)	
Date of liability	
0	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
PO BOX : 7968	
Clearwater, FL 33758-7968	
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commen within 4 years after the filing of this notice.	ced
The Mal Davis	

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Printed Name of the Person Filing