(Re	questor's Name)	
(Ad	ldress)	•
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
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(50	our our Hamber,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: ARTICLES OF DISS	SOLUTION	
DOCUMENT NUMBER: P0400	0015076	
The enclosed Articles of Dissolution and	fee are submitted for fili	ng.
Please return all correspondence concerni	ng this matter to the follo	wing:
JOHN M. YATES (Name of	f Contact Person)	
Pir	m/Company)	
8115 PLINKETT AVE.	Address)	
ORUNDO, FL 32810 (City/Sta	ate and Zip Code)	
For further information concerning this ma	atter, please call:	
JOHN M. YATES (Name of Contact Person)	at (H07)	119-3289
(Name of Contact Person)	(Area Code a	Daytime Telephone Number)
Enclosed is a check for the following amou	mt:	
\$35 Filing Fee \$\bigcup\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S\$2.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section		ET ADDRESS:

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:

FIRST:	The name of the corporation as currently filed with the Florida Department of	State:	
	ARTISTIC LICENSE DECORPTIVE FAUX & OPECALTY FINIGHES, I	NC.	
SECOND:	The document number of the corporation (if known): <u>P04800015076</u>		
THIRD:	The date dissolution was authorized: 3/14/12		
	Effective date of dissolution if applicable: 3 1412 (no more than 90 days after dissolution fi	le date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or dissol	ution
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group ent to vote separately on the plan to dissolve:	itled	
	The number of votes cast for dissolution was sufficient for approval by		
		12 H	ISIAID 175
	(voting group)	AR AR	
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		ب	18.5
	Signature: // (4, // A	1.5	글레
	(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		48
	that/fiduciary)		
	LIONN M. YATES		
	(Typed or printed name of person signing)		
	DIRECTOR / PRESIDENT (Title of person signing)		

Filing Fee: \$35