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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	·
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

Division of Corporations		
SUBJECT: DISSOLUTION		
DOCUMENT NUMBER: PO40	00016071	
The enclosed Articles of Dissolution and fe		
Please return all correspondence concerning	this matter to the following:	
MICHAEL ARRI	60	
(Name	e of Person)	i entr
	DEVELO (MENT	
(Name of F	firm/Company)	-
2525 1 ST AVE	N Idress)	
(Ad	ldress)	
ST. PETERSBURG	FL 33713	
(City/Stat	e/and Zip Code)	<u>-</u>
For further information concerning this matt	ter, please call:	
MICHAEL ARRIGO (Name of Person)	at (727) 323 - 5676 (Area Code & Daytime Telephone Number)	<u> </u>
Enclosed is a check for the following amour	nt:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$52.50 Filing Fee, Certified Copy Certificate of Status & (Additional copy is enclosed) (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section	~ · · _

Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

The name of the corporation as currently filed with the Florida Department of State:
ARCHITECTONICS DEVELOPMENT, INC.
The document number of the corporation (if known): PO 40 000 16 071
The file date the articles of incorporation: 1/21/04
(CHECK AT LEAST ONE BOX)
None of the corporation's shares have been issued.
The corporation has not commenced business.
No debt of the corporation remains unpaid.
The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
Adoption of Dissolution (CHECK ONE)
A majority of the incorporators authorized the dissolution.
A majority of the directors authorized the dissolution.
gned thisday of
(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 Corpor	oration: AKCHITECT ONICS	DEVELOPMENT, IN.	- =
	tion will be the date the dissolution is fi Articles of Dissolution.	led with the Department of State or as	
Description of in	information that must be included in a c	laim:	
			
			 , ,-
			
	· · · · · · · · · · · · · · · · · · ·		- 12 - 1 - 1 -
Mailing address	s where claims can be sent: (Claims can	not be sent to the Division of Corporations)	
		· ·	
	218 5T AVE	N. FL 33701	
	ST. PETERSBURG	FL 33701	• •
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	the above named corporation will be before the filing of this notice.	arred unless a proceeding to enforce the claim is	commenced
•	-		
			\
MICHA			
	Printed Name of the Person Filing	Signature of the Person Filing	<u>-</u>