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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT:	
DOCUMENT NUMBER: POLOX	2022622
The enclosed Articles of Dissolution and fee a	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
David Duncan	
Amerithai nc	
11860 W. St RC	1 84 B13
Dave 6 3332 (City/State at	nd Zip Code)
For further information concerning this matter,	please call:
David Duncas (Name of Contact Person)	at (954) 370 105 3 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status (A	\$43.75 Filing Fee & \$\sum \$\$52.50 Filing Fee, Certified Copy Certificate of Status & Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section 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:
SECOND:	The document number of the corporation (if known): Poyout 22 (22)
THIRD:	The date dissolution was authorized: 12/15/05
	Effective date of dissolution if applicable: \\ \(\) \\ \(\) \(
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) ORIDA
	Signature:
	(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)
	David Duncan (Typed or printed name of person signing)
	President (Title of person signing)

Filing Fee: \$35