

P04000055271

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000090911 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0380

From:

Account Name : CODINA GROUP, INC.
Account Number : I20020000144
Phone : (305)520-2344
Fax Number : (305)520-2400

DISSOLUTION OR WITHDRAWAL

CODINA SAMPLE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 APR -5 AM 8:59

FILED

RECEIVED
06 APR -5 AM 8:00
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

G. Coulliette APR U 6 2006

(H060009 909113)

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: Codina Sample, Inc.

SECOND: The document number of the corporation (if known): P04000055271

THIRD: The date dissolution was authorized: January 2, 2006
Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

[X] 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)

Signature: [Handwritten 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)

Kolleen O.P. Cobb
(Typed or printed name of person signing)

Vice President
(Title of person signing)

Filing Fee: \$35

(H060009 909113)

FILED
2006 APR -5 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA