P04000078878

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COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: Dissolution of Corporati	on	
DOCUMENT NUMBER: P04000788-	78	
The enclosed Articles of Dissolution and fee are submitted	for filing.	
Please return all correspondence concerning this matter to the	ne following:	
Andrea Scheib (Name of Contact Person)		
Doodle Defail, Inc. (Firm/Company)		
3105 SW 15 CT (Address)		
Ft Land Pl 33312		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Anctua Scheib at (954) (Name of Contact Person) (Area) 432 - 5189 Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
_		
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:	
	Doodle Defail, inc.	
SECOND:	The document number of the corporation (if known): PO 4000 78878	
THIRD:	The date dissolution was authorized: 10.01.06	
	Effective date of dissolution if applicable: 10.01.06 (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		
	(2) President: vice President (voting group)	
	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) AMAGON SCHOLD	
	(Typed or printed name of person signing)	
	THESIDEN F (Title of person signing)	

Filing Fee: \$35