## P04000122850

| (Re                                     | equestor's Name)   |             |  |  |
|---|--------------------|-------------|--|--|
| (Ad                                     | idress)            |             |  |  |
| (Ad                                     | (dress)            |             |  |  |
| (Cit                                    | ty/State/Zip/Phon  | e#)         |  |  |
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## COVER LETTER

| TO:           | Amendment Section Division of Corporations  |  |  |
|---------------|---|--|--|
| SUBJ          | ECT: No Breaks, Inc.  | The second of th | 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. |
|               |   | *  |  |
| DOC           | UMENT NUMBER: PO4000122   | 850  |  |
| The e         | nclosed Articles of Dissolution and fe  | ee are submitted for filing.   |  |
| Please        | return all correspondence concerning  | this matter to the following:  |  |
|               | 0.111.1.1.11  | _  |  |
| frac          | ey C. Higginbotham  | <u> </u>   | 1.14                                   |
|               | (Name of C  | Contact Person)  |  |
| Higg          | inbotham Companies, Inc.  |  |  |
|               | (Firm   | n/Company)   |  |
| 3935          | i-L N. U.S. 1   |  |  |
|               |   | Idress)  |  |
|               | `   |  |  |
| Cocc          | oa, Fl. 32927   |  |  |
|               | (City/Stat  | te and Zip Code)   |  |
| For fu        | rther information concerning this mat   | ter, please call:  |  |
|               | O Treated the co  | 004 000 F700   |  |
| irace         | ey C. Higginbotham  | at (321) 632-5726  (Area Code & Daytime Telephone Number)  | ومعققات ويعيادي                        |
|               | (Name of Contact Person)  | (Area Code & Daytime Telephone Number)   |  |
| Enclo         | sed is a check for the following amou   | nt:  |  |
| <b>☑</b> \$35 | Filing Fee \$\sum \$\\$43.75  Filing Fee &   Certificate of Status                              | S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy enclosed) (Additional copy is enclosed)  (Additional copy is enclosed)  |  |
|               | MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | 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:  |             | -3           |  |  |  |
|---------|---|-------------|--------------|--|--|--|
|         | No Breaks, Inc.   | 2 To        | 15.EC        |  |  |  |
| SECOND: | The document number of the corporation (if known): PO4000122850   | 景。          | 经验           |  |  |  |
| THIRD:  | The date dissolution was authorized: 03/15/2006   | <del></del> | OKP          |  |  |  |
|         | Effective date of dissolution if applicable: 03/31/2006   | JH 91 16    | CORPORALIONS |  |  |  |
|         | (no more than 90 days after dissolution file date)  | 5           | , of         |  |  |  |
| FOURTH: | Adoption of Dissolution (CHECK ONE)   |             |              |  |  |  |
|         | Dissolution was approved by the shareholders. The number of votes cast for disso was sufficient for approval.   | lution      |              |  |  |  |
|         | 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)  | •           | . 5          |  |  |  |
|         |   |             |              |  |  |  |
|         |   |             |              |  |  |  |
|         | 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)   |             |              |  |  |  |
|         | Scott Carbin  |             |              |  |  |  |
|         | (Typed or printed name of person signing)   |             |              |  |  |  |
|         | President   |             |              |  |  |  |
|         | (Title of person signing)   |             | -            |  |  |  |

Filing Fee: \$35