P04000158988

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: ARticles of Dis	solution
DOCUMENT NUMBER: P04000158	3988
The enclosed Articles of Dissolution and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	ne following:
1 Ris Pujols (Name of Contact Person)	
(Name of Contact Person)	0
Alpha & Oniega Flooring b	y leis tujols, Inc.
P.O. Box 740685 (Address)	
Drange City, Fla. 32744 (City/State and Zip Code))
For further information concerning this matter, please call:	
Name of Contact Person) at (386)	216 - 1747 Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	-
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32314	TOOL EXECUTIVE CHILLICITY CHILL

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:		
	Alpha & Onlega Flooring by less Pujds Pigcs		
SECOND:	The document number of the corporation (if known): +04000 158988		
THIRD:	The date dissolution was authorized: $1-31-06$		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution tile 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 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 Irepident & Vice Pres - 2			
	Signature: (By a director, president or other officer of 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) (Typed or printed name of person signing) Resident		
(Title of person signing)			

Filing Fee: \$35

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