## 05000008609

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(Cit	y/State/Zip/Phone	e#)
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations
SUBJECT: OWDAYE CORP
DOCUMENT NUMBER: P0500008609
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
FELIX MARCIAL A cas ta (Name of Contact Person)
OWDAY & CORP (Firm/Company)
$\frac{11961}{1961} 5w \frac{192}{192} + R$ (Address)
Miami F( 3317) (City/State and Zip Code)
For further information concerning this matter, please call:
FELY M. A costA at (305) 303-9954  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee,  Certificate of Status & Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:
	OWDAYE CORP
SECOND:	The document number of the corporation (if known): P0500008609
THIRD:	The date dissolution was authorized: 02/08/06
	Effective date of dissolution if applicable: 02/08/06  (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 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)
	PM 2: 27  Ut SIATE E. FLORIDA
	Signature:  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hards of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	FELIX MANCIAL ACOSTA (Typed or printed name of person signing)
	PRESIDENE (Title of person signing)

Filing Fee: \$35