## P05000018280

(Re	questor's Name)	<del></del>
(	,	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e#)
PICK-UP	WAIT	MAIL
(Bu:	sin <b>es</b> s Entity Nar	ne)
(Do	cument Number)	<del> </del>
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



900065257129

02/08/06-01056-010 \*\*35.00

PILED

06 FEB -8 PM 1: 18

SECRETARY OF STATE ALLAHASSEF FIORITA

## **COVER LETTER**

TO: Amendment Section

Division of Corporations			
SUBJECT: DESolution of Elike Flating Senses, Inc			
DOCUMENT NUMBER: PO 5000/8280			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
(Name of Contact Person)			
Elife Fuling Sevice, Inc. (Firm/Company)			
3942 Apital Drice			
3942 (Address)  (Address)  (City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Contact Person) at (127) 643-0081  (Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee,  Certificate of Status & Certified Copy & Certificate of Status & Certified Copy & Certifie			
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:	
	- Elife Finding Server, FAC	
SECOND:	The document number of the corporation (if known): P0500018080	_
THIRD:	The date dissolution was authorized: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	_
	Effective date of dissolution if applicable: 12/31/05 (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 dissoluti was sufficient for approval.	ion
	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:	7
	The number of votes cast for dissolution was sufficient for approval by	
	(voting group)  FI ORIDA  (voting group)	フ
	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)	
	Scot Arman	
	(Typed or printed name of person signing)	
	(Title of person signing)	

Filing Fee: \$35