Po5000028995

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations Disolution SUBJECT: PO50000 28995 DOCUMENT NUMBER: 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) (Firm/Company) Address) (Address) WPB, FL 33 Yos (City/State and Zip Code) For further information concerning this matter, please call: Linda Jayne at (501) 582 to 468

(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) STREET ADDRESS: **MAILING ADDRESS:** Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

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THUS THE FOLLOWING 18

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits, articles of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: MARKESINIS FUC. The document number of the corporation (if known): POSDODO 28995 SECOND: The file date of the articles of incorporation: 2/24/05 THIRD: (CHECK AT LEAST ONE BOX) FOURTH: None of the corporation's shares have been issued. The corporation has not commenced business. FIFTH: No debt of the corporation remains unpaid. SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued. SEVENTH: Adoption of Dissolution (CHECK ONE) A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution. : (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.) Signature: Linda Jayne
(Typed or printed name of person signing)

Filing Fee: \$35