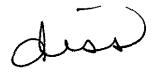
P05000058574

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700063848237



FILED

06 JAN 26 PH 4: 57

SECRETARY OF STATE
TAIL ALIASSEE, FLORIDA

校長(12) **VED** 06 JAN 25 AM 10: 53

ADR 1/25/06



ACCOUNT NO. : 07210000032
REFERENCE : 828882 7482709
AUTHORIZATION :
COST LIMIT : \$ 85.00
ORDER DATE : January 24, 2006
ORDER TIME : 9:35 AM
ORDER NO. : 828882-005
CUSTOMER NO: 7482709
DOMESTIC FILINGS
NAME: 3B ENTERPRISES, INC. =
XX ARTICLES OF DISSOLUTION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Amanda Haddan - EXT# 2955
FYNMINED'S INTTING.

ARTICLES OF DISSOLUTION

	FILED
Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on: JAN 25 PM 4: 57
FIRST:	SECRETARY OF STATE TALL AllASSEE FLOREDA The name of the corporation as currently filed with the Florida Department of States IDA
	3B ENTERPRISES, INC.
SECOND:	The document number of the corporation (if known): POSOOOS8574
THIRD:	The date dissolution was authorized: \(\lambda_N \) \(\lambda_1 \) \(\lambda 05 \)
	Effective date of dissolution if applicable:
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
	1000/0
	(voting group)
	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)
	Charles B May (Typed or printed name of person signing)
	Director
	(Title of person signing)

Filing Fee: \$35