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(Re	equestor's Name)	
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SECRETARY OF STATE
TALLAHASSEE, FI OBIO

C. Coulliette JAN 2 6 2087

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: The Rustic Garden Eaten	+ Drinkery, Inc.	
DOCUMENT NUMBER: P050006543	31	
The enclosed Articles of Dissolution and fee are submitted	ed for filing.	
Please return all correspondence concerning this matter to	the following:	
Norman Gene Domak II (Name of Contact Person	n)	
The Rustic Garden Fatery + I (Firm/Company)	Drinkery, Inc.	
4716 Hamilton Bridge Road (Address)		
Pace, Florida 32571 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Norman Domek at (850) (Name of Contact Person) (Are	ea Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\int \$43.75 Filing Fee & \$\int \$43.75 Filing Fee & Certified Co (Additional cenclosed)	ppy Certificate of Status &	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section Division of Corporations	Amendment Section	
P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	The Rustic Garden Eateryand Orinkery, Inc.
SECOND:	The document number of the corporation (if known): PO500006543
THIRD:	The date dissolution was authorized: 6F 12-31-06
	Effective date of dissolution if applicable: 10-31-06 (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 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
	President Vice President
	(voting group)
	FLORIA SI
	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)
	Lisa M. Dorrek (Typed or printed name of person signing)
	President (Title of person signing)

Filing Fee: \$35