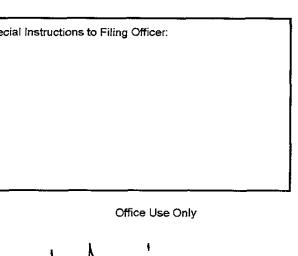


(Requestor's Name)	-
(Address)	-
(Address)	-
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	-
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





04/25/06--01009--004 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dissolution of Cemor Through the Arts, Inc
DOCUMENT NUMBER: POSOCOOGG 719
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Madelone L McGrail
Madelone L McGra. (Name of Contact Person)
Cemor Through the Arts, INC. (Firm/Company)
Bradentan, FL 34207 (City/State and Zip Code)
Bradenton FL 34207
(City/State and Zip Code)
For further information concerning this matter, please call:
Modeline McGreel at (941) 302-0409 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
**S35 Filing Fee \$\Bar{\text{\$\subset}\$\$ \$43.75 Filing Fee & \$\Bar{\text{\$\subset\$}\$\$ \$\Bar{\text{\$\subset\$}}\$\$ \$\$ \$Certificate of Status & \$Certified Copy & Certificate of Status & \$Certified Copy & Certified Copy & \$Certified
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 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:
	Cemor Through The Arts, Inc
SECOND:	The document number of the corporation (if known): P050000 6 6 719
THIRD:	The date dissolution was authorized: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Effective date of dissolution if applicable: \ \ \(1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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)
S	Signature: Nadelin L. S. S.
	(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
	(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) Modeline McGray (Typed or printed name of person signing)
	Modeline McGrail
	(Typed or printed name of person signing)
	Director 3
•	(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Comor Through the Arts, Inc Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 319 Flamingo Bud radenton, FC 34207 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. Printed Name of the Person Filing