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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations	•
Division of Corporations	
SUBJECT: DISSOLUTION	
DOCUMENT NUMBER: P050000757	48
The enclosed Articles of Dissolution and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
-	-
MARCELA SOLANO	
(Name of Cor	ntact Person)
(Firm/C	ompany)
1432 SW 109 WAY	
(Addr	ess)
DAVIE, FL 33324	
	and Zip Code)
For further information concerning this matter,	please call:
	, F =
MARCELA SOLANO	at (954) 561-201-8172
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status (\$43.75 Filing Fee & \$\Bigsquare \text{\$52.50 Filing Fee,}\$ Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
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

DIVISION OF TARY OF STATE

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FIRST: The name of the corporation as currently filed with the Florida Department of State: FUNNY DAYS CORP The document number of the corporation (if known): P05000075748 SECOND: The file date of the articles of incorporation: 05/24/2005THIRD: FOURTH: (CHECK AT LEAST ONE BOX) ✓ None of the corporation's shares have been issued. The corporation has not commenced business. FIFTH: No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed SIXTH: 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. 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.) CLAUDIA URBINA (Typed or printed name of person signing) VPRESIDENT

Filing Fee: \$35

(Title of Person Signing)