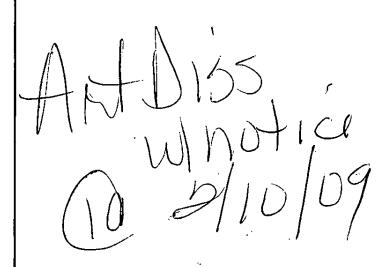
(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name	e)
(De	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Filing Officer:		
	•	

Office Use Only



02/04/03--01005--004 **35.00



COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: EVALUATION & LEGISLATION INC.		
DOCUMENT NUMBER: P05000081183		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
MELANIE SIMMONS		
(Name of Contact Person)		
(Firm/Company)		
1510 GOLF TERRACE DR		
(Address)		
TALLAHASSEE FL 32301		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
MELANIE SIMMONS at (850) 322-4629		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		

Taliahassee, 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				
	EVALUATION LEGISLATION, INC.				
SECOND:	The document number of the corporation (if known): P05000081183				
THIRD:	The date dissolution was authorized: 11/10/2008				
	Effective date of dissolution <u>if applicable</u> : 12/31/2008 (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 was sufficient for approval.	for dissolu	ıtion		
	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				
		0	SE 3S		
	(voting group)	9 FE	CRET-		
X	Signature: Med Signature	09 FEB -4 PH 3: 48	ARY OF STATE		
	(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)				
	MELANIE SIMMONS				
	(Typed or printed name of person signing)				
	PRESIDENT		•		
	(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.

MELANIE SIMMONS

Printed Name of the Person Filing

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: EVALUATION & LEGISLATION 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: AMOUNT OWED AND VENDOR NAME, ADDRESS AND TELEPHONE Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) MELANIE SIMMONS 1510 GOLF TERRACE DR TALLAHASSEE, FL 32301 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.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Signature of the Person Filing