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	(Re	questor's Name)	
	(Ad	dress)	
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	(Cit	y/State/Zip/Phone	e #)
□ ¹	PICK-UP	☐ WAIT	MAIL
,	/Bu	siness Entity Nar	ne)
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Certified Cop	ies	_ Certificates	of Status
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Special Inst	tructions to	Filing Officer:	
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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	ECT: Dissolution of a for profit	t business	
DOC	UMENT NUMBER: POSO	00086556	
The en	nclosed Articles of Dissolution and f	fee are submitted for filing.	
Please	return all correspondence concerning	ng this matter to the following:	
Lenc	ore Cohen		
****	(Name of	Contact Person)	
Shanda Inc			
	(Firm/Company)		
1674	2 Valencia Ct		
	(A	Address)	
Delra	ny Beach, Florida, 33484		
	(City/Sta	ate and Zip Code)	
For fu	rther information concerning this ma	atter, please call:	
Martii	n Cohen	at (561) 305-0727	
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclos	sed is a check for the following amou	unt:	
□\$35	Filing Fee \$\frac{1}{2}\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (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

Pursuant to section 607.1401, 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:			
	Shanda, Inc.			
SECOND:	The document number of the corporation (if known): POS 00086556			
THIRD:	The file date the articles of incorporation: June 28, 2005			
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.			
SIXTH: The net assets of the corporation remaining after winding up have been distributed 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 of other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other count appointed fiduciary, by that fiduciary.)				
Martin Cohen (Typed or printed name of person signing)				
	Vice 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.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: Shanda, 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: Shanda, Inc. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 16742 Valencia Ct, Delray Beach, FL 33484 Dissolution of a for profit business 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

Lenore Cohen & Martin Cohen

Printed Name of the Person Filing