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C. Coullisite JUN 2 3 2005

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: DISSOLUTION	n=		
DOCUMENT NUMBER:			
The enclosed Articles of Dissolution and fee are submitted for i	filing.		
Please return all correspondence concerning this matter to the fo	llowing:		
SABRINA LEWIS			
(Name of Person)	Mark Compiler (2008)		
ANDERSON BUSINESS ADVISORS, PLLC			
(Name of Firm/Company)			
20819 - 72ND AVE. S. SUITE 110 (Address)			
(Address)	. <u> </u>		
Kent Washington, 98032			
(City/State/and Zip Code)			
For further information concerning this matter, please call:			
Sabrina Lewis at (800)	706-4741		
(Name of Person) (Area Cod	706-4741 le & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
\$35 Filing Fee \$\bigcup \\$43.\bar{7}5 \text{ Filing Fee & }\bigcup \\$43.75 Fil	Certificate of Status &		
Amendment Section A Division of Corporations D P.O. Box 6327 4	TREET ADDRESS: mendment Section livision of Corporations 09 E. Gaines Street allahassee, Florida 32399		

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 SHTOX HOLDINGS, INC.	tate:
SECOND:	The document number of the corporation (if known):	
THIRD:	The file date the articles of incorporation: JUNE 21, 2005	•
FOURTH:	(CHECK AT LEAST ONE BOX)	es s
	None of the corporation's shares have been issued.	ANTIVES OF THE CO.
	The corporation has not commenced business.	STPTS
FIFTH:	No debt of the corporation remains unpaid.	H W
SIXTH:	The net assets of the corporation remaining after winding up have been distribute to the shareholders, if shares were issued.	Fd.
SEVENTH:	: Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Si	Signed this 21 day of JUNE , 2005	
Sian	nature:	
Sigil	(By a director, president or other officer - if directors or officers have not been selected, by an incorporate in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	orator - if
	SABRINA LEWIS (Typed or printed name of person signing)	
	INCORPORATOR [Title of person signing)	

Filing Fee: \$35