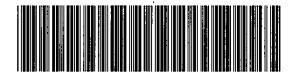
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(Re	equestor's Name)			
(Ad	idress)			
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TO: Amendment Section Division of Corporations
SUBJECT: Dissolution of Hy-SANDY LANDSCAPE ANTEREGATION
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
David E. Miles
(Name of Contact Person)
(Firm/Company)
65 Dolphia Dr. (Address)
Cf And Cting F 32080
(City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (904) 826 0568  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Certificate of Status  Certified Copy  (Additional copy is enclosed)  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

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:			
	HY-SANDY LANDSCAPE AND IRRIGATION INC.			
SECOND:	The document number of the corporation (if known): PO 5000/19260			
THIRD:	The date dissolution was authorized: 10cf-07			
	Effective date of dissolution if applicable: 10ct v7 (no more than 90 days after dissolution fi	ile date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or dissolution		
	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. 20.0		
		FIGHT FIGHT		
	(voting group)	ARYCO		
	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)	SECRETARY OF STATE OF STATE OF OF OF PARTIONS OF OCT -8 PM 1: 03		
	TAUFD E. MILES (Typed or printed name of person signing)			
	President			

Filing Fee: \$35