POSO00123193

(Reguestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
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COVER'LETTER

TO:	Amendment Section Division of Corporations	Mer.
	<u>-</u>	200 of Connections
SUBJ	ECT:	ion of Corporations
	76	5000123193
DOCU	UMENT NUMBER:	200016 314 3
The er	nclosed Articles of Dissolution an	d fee are submitted for filing.
Please	return all correspondence concern	ing this matter to the following:
	James L	eron CAPPS
	(Name	of Contact Person)
	(F	irm/Company)
	1682 Henow	'y Iram Ka.
	Markani	(Address) (Address) (Address) (Address)
	(City/S	State and Zip Code)
	` •	•
For fu	rther information concerning this r	natter, please call:
7	-s CARPIS	a 850, 445 3209
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following am	ount:
\$35	Filing Fee Status Certificate of Status	
	MAILING ADDRESS:	STREET ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to articles of d	ALLAHARY OF a		
FIRST:	The name of the corporation as currently filed with the Florida Departmental State:		
SECOND:	The document number of the corporation (if known): 3 5660123193		
THIRD:	The file date the articles of incorporation: 9-6-2005		
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.		
Sion	ature:		
Digit	(By a director, president of the crofficer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, in tee, or other court appointed fiduciary, by that fiduciary.)		
	James Lerry CAPPS		
	(Typed or printed name of person signing)		

Filing Fee: \$35

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