P05000/32020

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations		
SUBJECT: Articles of Dissolution		
DOCUMENT NUMBER: PO 5 000 132020		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Cynthia J. Carnley (Name of Contact Person)		
Party Connection, Inc. (Firm/Company)		
4415 Constitution Lane (Address)		
Mariana 31 32448 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Heather Williams at (960) 526 3447 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
S35 Filing Fee \$\sum \$\\$43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee. Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 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:		
_	Party Connection, Inc.	
SECOND:	The document number of the corporation (if known): Poscool	33030
THIRD:	The file date of the articles of incorporation: 09 37 3005	LAHA LAHA
FOURTH:	(CHECK AT LEAST ONE BOX)	ARY A
	None of the corporation's shares have been issued.	IO PH 4: 0 NRY OF STAT SSEE. FLORI
	The corporation has not commenced business.	ATE ATE
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been disto the shareholders, if shares were issued.	stributed
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Sign	(By a director, president or other officer - if directors or officer/have not been selected, by a in the hands of a receiver, trastee, or other court appointed fiduciary, by that fiduciary.) Cindy Carnley (Typed or printed name of person signing)	n incorporator - if
	(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: Party Connection, 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:
As of June 30, 2000 we have dissolved the business named above and
Corporation.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
PO.Box 5746
Marianna 20 32447
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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.
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Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00