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COVER LETTER

TO: Amendment Section

Division of Corporations	•	
SUBJECT: Dissolution of Corporat	50~	
DOCUMENT NUMBER: \$\frac{905000139450}{}		
The enclosed Articles of Dissolution and fee are submitted for	filing.	
Please return all correspondence concerning this matter to the f	ollowing:	
REGINALIO MAGINA (Name of Contact Person)		
Community Network Solutions Inc (Firm/Company)		
2804 chatsworth La		
(Address)		
LAxeland PC 33812		
(City/State and Zip Code)		
For further information concerning this matter, please call:	•	
Name of Contact Person) at (803) (Name of Contact Person)) 255-9289 de & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
_	e & S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
Amendment Section Division of Corporations P.O. Box 6327	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:
	Community Network Solutions, Inc
SECOND:	The document number of the corporation (if known): PO 5 000 139450
THIRD:	The file date of the articles of incorporation: 10 11 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.
Signa	(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.)
	REGINAUD MARTIN
	(1 yped or printed name of person signing)
	(Title of Person Signing)

Filing Fee: \$35