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SUBJECT: MOP Have Inquested Serv. DOCUMENT NUMBER: PO5000148 499 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Nfck Veeds. (Name of Contact Person) (Firm/Company) Nob Standing Read. (Address) (Address) (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) at (813) 469-7759 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: S35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
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MAILING ADDRESS: STREET ADDRESS:
Amendment Section Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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:	
	ADP Home Inspection Services Inc	
SECOND:	The document number of the corporation (if known): P05000148499	
THIRD:	The file date of the articles of incorporation:i\/_/67\/_05	
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:		
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
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.) Nichola W Voca		
	(Typed or printed name of person signing)	
	(Title of Person Signing)	
	() the of t cloud signing)	

Filing Fee: \$35