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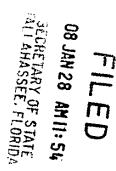
(Requestor's Name)
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01/28/08--01008--019 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dessolution
DOCUMENT NUMBER: WAC
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mare of Contact Person)
(Firm/Company)
PO BOX 272 (Address)
Madisw KL 3274 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (83) 869-0916 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 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 Tallahassee, FL 32314 MAILING 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	f State:	
inor.	MAA 5-1 10 5-10		
	MC Enbeavor, TUC.	- 730	'n
SECOND:	The file date of the articles of incorporation: 14 KANNO	- 7 20	
THIRD:	The file date of the articles of incorporation: UNKNOWN		80
FOURTH:	(CHECK AT LEAST ONE BOX)	VHV VLJR.	JAN 2
	None of the corporation's shares have been issued.	RETARY OF STATE	08 JAN 28 AM 11: 54
	The corporation has not commenced business.	STAT	≡ :5
FIFTH:	No debt of the corporation remains unpaid.	S _L	477
SIXTH:	The net assets of the corporation remaining after winding up have been distribute to the shareholders, if shares were issued.	outed	
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.		
Sions	ature: Hall Cually		
	(By a director, president or other officer - if directors or officers have not been selected, by an incin the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	corporator ·	· if
	Hasto C Lind Clare		
	(Typed or printed name of person signing)		
	(Title of Person Signing)		
	(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 Corporal	e Dissolution	is optional and	i is not required	when ming	a voluntary urs	Midilon.	
Name of Corporation:	MC	ENDE	avuk)				
Date of dissolution will be specified in the Articles of		issolution is fil	led with the Dep	partment of S	State or as		
Description of information	on that must be	included in a c	laim:				
1/25/08	please	Dec	Chise	dh.s	Compan	}	
		MC E	in Deaver	>			
	1.00					SHURE	3 —
				_		တ္ကည္း မ	28
Mailing address where cl	aims can be sen	nt: (Claims can	not be sent to th	e Division o	of Corporations	OF STATE	
	Madis	NU FL	3034	(
A claim against the above within 4 years after the fi			arred unless a pr	roceeding to	enforce the clai	m is com	ımenced
Harolo C	. Wals) RSP		He	ure of the Person Fi	W.	
Printed 1	Name of the Persor	Filing		Signatu	ire of the Person Fi	ling	