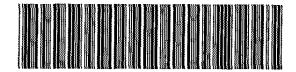
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SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: Dissolution	of Corporation
DOCUMENT NUMBER: PO6000	03574
The enclosed Articles of Dissolution and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Mane of Contact	wart
	_
Ewart Landscaping and Firm/Compa	Lawn Care, Inc
3130 NW 106 A (Address)	ve
(Address)	
Coral Springs (City/State and Z	FL 33065 ip Code)
For further information concerning this matter, plea	se call:
Allan A. EwarT at (Name of Contact Person)	(704) 497 600 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	fied Copy Certificate of Status & Certified Copy
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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 St	
	Ewart Landscaping & - Lawn Care, Inc.
SECOND:	$\mathcal{D}_{\mathcal{O}}(\Lambda_{\mathcal{O}}$
THIRD:	The date dissolution was authorized: $\frac{12/31/2006}{}$
	Effective date of dissolution if applicable: /2/31/200 (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	Allan A, Ewart and Allan C. Ewart
	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) Alaa A. Ewat (Typed or printed name of person signing)

Filing Fee: \$35