## P06000007532

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:	Articles of Dis	solution	
DOCUMENT NUMBER:	P06000007	'532	
The enclosed Articles of Diss	solution and fee are sub	mitted for filing.	
Please return all corresponder	nce concerning this matt	er to the following:	
	Brian Madde	n	
	(Name of Contact Pe	erson)	
	n/a		
	(Firm/Compan	у)	
9861	West Sample Roa	ad, Suite 167	
	(Address)	-	
C	Coral Springs, FL	33065	
	(City/State and Zip		
For further information conce	rning this matter, please	call:	
Brian Madder	1 at (_	954 ) 234-155	5
(Name of Contact)	Person)	(Area Code & Daytime 7	'elephone Number)
Enclosed is a check for the fo	llowing amount:		
□\$35 Filing Fee □\$43.75 Certifica	ite of Status Certifie	ed Copy Certificational copy is Certified	ate of Status & d Copy onal copy is
MAILING ADDRESS Amendment Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	ons	STREET ADDR Amendment Sec Division of Corp Clifton Building 2661 Executive	tion porations

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 State:				
	MADDEN HURRICANE PROTECTION S	SYSTEMS, INC.			
SECOND:	The document number of the corporation (if known):	P06000007532			
THIRD:	The date dissolution was authorized:	MARCH 13, 2008			
	Effective date of dissolution if applicable: (no more the	MARCH 13, 2008 han 90 days after dissolution file date)			
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The was sufficient for approval.	number of votes cast for dissolutio			
	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 to	for approval by			
	N/A				
	(voting group)				
	Signature:  Brian Daddor  (By a director, president or other officer - if directors or officers an incorporator - if in the hands of a receiver, trustee, or other conthat fiduciary)				
	BRIAN MADDEN				
	(Typed or printed name of person signing)				
	PRESIDENT				
	(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: MADDEN HURRICANE PROTECTION SYSTEMS, 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:

NAME AND ADDRESS OF BUSINESS, AMOUNT OF CLAIM, WHAT PRODUCT OR SERVICE WAS RENDERED, DATE OF PRODUCT/SERVICE RENDERING, WHO AUTHORIZED PRODUCT/SERVICE SALE, COPY OF INVOICE/P.O. SHOWING WHO OR WHAT COMPANY/DIVISION PRODUCT/SERVICE WAS SOLD TO. ANY OTHER DOCUMENTS/INFO AS REQUESTED AT TIME OF CLAIM.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

9861 WEST SAMPLE ROAD, SUITE 167 CORAL SPRINGS, FL 33065			

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.

BRIAN MADDEN

Printed Name of the Person Filing

Orlan Madden

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00