## POG00000000/

(Re	equestor's Name)	
. (Ac	ldress)	<u> </u>
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v



700094764367

04/02/07--01005--024 \*\*35.00

Des/whice



O7 APR -2 AM 9:50

SECRETARY OF STATE

OF STATE OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

OF STATE

## COVERLETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Dess blutim of Bus	Perès
DOCUMENT NUMBER: P06000209	701
The enclosed Articles of Dissolution and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	ne following:
Dein M. Peals	
(Name of Contact Person)	
Platson's 3 Qu	<i>N</i> .
(Fine Company)	
1021 ST. Ques	court
(Address)	
My, Dra, Fl. 32	2757
(City/State and Zip Code)  Business was never Star  For further information concerning this matter, please call:	tel:
t .	•
(Name of Contact Person) at (36)	2, 735-4920
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\times \$43.75 Filing Fee & \$\times \$43.75 Filing Certified Copy (Additional copy enclosed)	y Certificate of Status &
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
1 dilaia300, 1 12 32317	2001 DACCULIVE COINCI CITCLE

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:
	Platsons 3, INC
SECOND:	The document number of the corporation (if known): P060002090/
THIRD:	The file date of the articles of incorporation: $3 - 28 \cdot 07$
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.  The net assets of the corporation remaining after winding up have been distributed.
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.
	,
Sign	ature: Deix M. Platson
_	(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.)
	HEIDI M. PLATSON
	(Typed or printed name 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.

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