P04 6660 30193

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O6 SEP 28 PM 2: 30
SECRETARY OF STATE

COVER LETTER

. TO: Amendment Section Division of Corporations				
SUBJECT: Dissolution of Corporation	<u> </u>			
DOCUMENT NUMBER: 70600030193				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Sean Drake (Name of Contact Person)				
(Name of Contact Person)				
Breakline Inc. (Firm/Company)				
508 Hillcrest Avenue (Address)				
Tarpon Springs 7L 34689 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Sean Drake at (727) 644.3 (Name of Contact Person) (Area Code & Daytime				
Enclosed is a check for the following amount:				
\ /				
(Additional copy is Certific	eate of Status & cal Copy onal copy is			
MAILING ADDRESS: STREET ADDR				
Amendment Section Amendment Sec Division of Corporations Division of Cor				
P.O. Box 6327 Clifton Building	•			
Tallahassee, FL 32314 2661 Executive Tallahassee, FL				

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	nent of State:
	Breakline, Inc.	
SECOND:	The document number of the corporation (if known): POLOGO	<u> 30193</u>
ТHIRD:	The file date of the articles of incorporation: 2-28-06	
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 of to the shareholders, if shares were issued.	listributed
SEVENTH:	: Adoption of Dissolution (CHECK ONE)	- 1 . 0
	A majority of the incorporators authorized the dissolution.	OG S SECR
	A majority of the directors authorized the dissolution.	EP 28 PM : ETARY OF ST
Sign	acture: Sean Color of the Conficer of the Conf	PM 2: 30 F STATE FLORIDA
	in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	mi invibriana . II
	(Typed or printed name of person signing)	
	(Title of Person Signing)	

Filing Fee: \$35