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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
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(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: ARCHIBELLA CONSULTANT. JNO
DOCUMENT NUMBER: PØ6000030416
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jacques Sainviller (Name of Contact Person)
(Firm/Company)
163cl3 NW 12th. ST Pembroke (Address) Pambroke Pines FL 33028 (City/State and Zip Code)
Pembroke Ines FL 33028 (City/State and Zip Code)
For further information concerning this matter, please call:
Sacques Sa Enviller at (954) 547-509/ (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, 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 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 State:		
	ARCHIBELLA CONSULTANT, INC		
SECOND:	The document number of the corporation (if known): PO 60000 304 16		
THIRD:	The date dissolution was authorized: P66000 05/01/07		
	Effective date of dissolution if applicable: O5/02/07/ (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		
	The number of votes cast for dissolution was sufficient for approval by Sacron		
	Signature:		
	(By a director, president of the 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)		
	Jacques Saiwviller (Typed or printed name of person signing)		
	Président		
	(Title of person signing)		

Filing Fee: \$35

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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.

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