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TALLAHASSEE, FINBIR

COVER LETTER

TO: Amendment Section Division of Corporations	
•	
SUBJECT: MISTER M CO	
DOCUMENT NUMBER: P0600003229	8
The enclosed Articles of Dissolution and fee an	e submitted for filing.
Please return all correspondence concerning this	s matter to the following:
APRIL CONDRON	
(Name of Con	act Person)
CAPE COD MGMT SVC INC	
(Firm/Co	mpany)
314 NE 27TH STREET	
(Addre	ss)
WILTON MANORS FL 33334-2020	r
(City/State ar	d Zip Code)
For further information concerning this matter,	please call:
APRIL CONDRON (Name of Contact Person)	at (954) 630-8300 (Area Code & Daytime Telephone Number)
,	(Mea Code de Daytimo Totophono (vanisor)
Enclosed is a check for the following amount:	
(A	43.75 Filing Fee & \$\Bigsquare\sigma\s^2 \text{52.50 Filing Fee,}\\ \text{Certificate of Status & Certified Copy}\\ \text{certified Copy}\\ \text{certified Copy}\\ \text{(Additional copy is enclosed)}\end{array}
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:
	MISTER M,CO-
SECOND:	The document number of the corporation (if known): P06000032298
THIRD:	The date dissolution was authorized: MARCH 17, 2007
	Effective date of dissolution if applicable: MARCH 22, 2007 (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
	T _S o
	Signature: (By a director, president or other officer - if directors or officers have not been selected, the an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) MARTARELLI FAGUNDES (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

Filing Fee: \$35