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SECRETARY OF STATE ANASSEE, FLORI

C.COULLIETTE

MAY 2 0 2009

EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution	of Florida Corporation
DOCUMENT NUMBER: POGOC	063456
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
Edmund Z (Name of Co	ammit ntact Person)
Avion Constructi	on Management+Consulting
PO Box /.	382
(Addr	ess)
Naples FL (City/State a	34106 and Zip Code)
For further information concerning this matter	
Jessica Harmison (Name of Contact Person)	at (239) 449-8891 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status	\$43.75 Filing Fee & \$\Bigsquare\text{\$\sumsquare}\$\sumsquare
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 Sta				
	Avion Consulting, Inc.				
SECOND:	The document number of the corporation (if known): POGOOOG3	145	56		
THIRD:	The date dissolution was authorized: 7/1/2008				
	Effective date of dissolution if applicable: 7/1/2008 (normore 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 was sufficient for approval.	disse	olution		
	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		-		
	ECRE AH)9 MA	energian)		
	(voting group)	1 Y			
	Signature: (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	AH 9: 45	in o		
	that fiduciary)				
	Edmund Zammi+ (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. Consulting, 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: me and address of original debt claim, ginal invoice number, and original 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