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SECRETARY OF STATE

<u>COVER LETTER</u>

TO: Amendment Section	
Division of Corporations	
SUBJECT: DISSOLUTION OF The Hou	ISE TEAM PA
DOCUMENT NUMBER: <u>P06000121657</u>	
The enclosed Articles of Dissolution and fee are submitted for	r filing.
Please return all correspondence concerning this matter to the	following:
Curria L. House	
Cynthia L. House (Name of Contact Person)	· · · · · · · · · · · · · · · · · · ·
The House Team PA (Firm/Company)	
(Firm/Company)	
7033 Leopardi CT. (Address)	
1 6 pt 10 at 6 t 1 t 1 t 1 t 1 t	Cliffon stuliding Took Execute Charle Cleth Talkingson, Fluid 200
Naples FL 34114 (City/State and Zip Code) For further information concerning this matter, please call:	प्रियाण क्षेत्र स्थानम् । प्रियम् १५ मा स्थानम् चित्रं स्थानम् । स्थानम् ।
Constitue L House at (239	1 293-7152
Cynthia L. House at (239 (Name of Contact Person) (Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy (Additional copy enclosed)	cee & \$\sumsymbol{\sumsymbol{\subsymbol{\sin}\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	e section 607.1403, Florida Statutes, this Florida profit corporation submits the folion:	ollowing articl	es		
FIRST:	The House Team PA.				
	The House Team 1.17.				
SECOND:	The document number of the corporation (if known): PO 6000 121 657				
THIRD:	The date dissolution was authorized: _/o - / - 0.7				
	Effective date of dissolution if applicable: /0 - / -0 7 (no more than 90 days after dissolution)	n file date)			
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolutio	n		
	Dissolution was approved by the shareholders through voting groups.	O7 O			
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	ARIA SSI	FILED		
	The number of votes cast for dissolution was sufficient for approval by	OF STAT	'		
	(voting group)	NOA FE			
	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 that fiduciary) DAVIJ A. House (Typed or printed name of person signing) PRESIDENT (Title of person signing)				

Filing Fee: \$35