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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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· (Do	ocument Number)	
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SECRETARY OF STATE OF STORE OF CORPORATIONS

COVER LETTER .

TO: Amendment Section

Division of Corporations	•	
SUBJECT: Dissolution		
DOCUMENT NUMBER: PO60	200 139246	
The enclosed Articles of Dissolution and fee	are submitted for filing.	
Please return all correspondence concerning t		
Delys Manichal/ None	ei Mesa	
(Name of Contact Person)		
Cash & Coold INC.		
Name of Contact Person) (Name of Contact Person) (Firm/Company)		
1241 SW 17 Ter. (Address)		
(Add	ress)	
City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Nonei M. / Mauich fat (786) 319-2810 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount		
\$35 Filing Fee \$\bigs\\$43.75 Filing Fee & \$\bigs\\$Certificate of Status	\$3.75 Filing Fee & \$\sum \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) \$\$\text{Certified Copy}\$ (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section	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 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:
SECOND:	The document number of the corporation (if known): PO6000139246
THIRD:	The date dissolution was authorized: 3-3-09
	Effective date of dissolution if applicable: (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 solution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	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
	1.7. 2 Paly Inc.
	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)
	Nonei Mesa Dus Dellys Manidal DPT (Typed or printed name of person signing)
	OFFICEN BIREHOR DUS Registeried Agent DRT

Filing Fee: \$35