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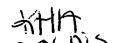
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SECRETARY OF STATE FALLAHASSEE, FLORIDA



COVER LETTER

, TO: Amendment Section Division of Corporations	
SUBJECT: DISSOLUTION OT-LIMUIDATION-OF	<u>- A- C</u> OTT POTTLIION.
DOCUMENT NUMBER: <u>P06000147732</u>	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
HFIINAN- A- DAGES (Name of Contact Person)	
(Name of Contact Person)	
GTTEEN-GTLSS 1 DINN-CLTE-BY-HETINE (Firm/Company)	1 <u>H-1H</u> C.
341- W//LLOWBLY- 12/1DGE-ST (Address)	
SANFORD - FL 32771 (City/State and Zip Code)	
For further information concerning this matter, please call:	
HERWAN- Q-PAGESat (HO7)H32-35.(Name of Contact Person)(Area Code & Daytime Tele	3 / phone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Fili	of Status & oppy
MAILING ADDRESS:STREET ADDRESSAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Cer	ations

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION.

Pursuant to section 607.1401, 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:				
	GREEN GRASS INWIN CARE BY 40	<u> []Z</u>][] Z	11/1	WC.	
SECOND:	The document number of the corporation (if known): PO 60001	477	32		
THIRD:	The file date of the articles of incorporation: 11-29-06				
FOURTH:	(CHECK AT LEAST ONE BOX)				
	None of the corporation's shares have been issued.				
	The corporation has not commenced business.				
FIFTH:	No debt of the corporation remains unpaid.				
SIXTH:	The net assets of the corporation remaining after winding up have been di to the shareholders, if shares were issued.	stributed			
SEVENTH:	X	SECI	2007		
	A majority of the incorporators authorized the dissolution.	RE TAF	IAN 21	=	
	A majority of the directors authorized the dissolution.	CRETARY OF STATE LAHASSEE, FLORID	JAN 24 AM 10: 3		
		RIDA	<u>သ</u> မ		
Sign	ature: Nemon Asorg		<u> </u>		
	(By a director, president or other officer - if directors or officers have not been selected, by a in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	in incorpore	itor - if		
	HEILMEN- A. PAGES. (Typed or printed name of person signing)				
	Title of Person Steming)				
	(Title of Letzen Memile)				

Filing Fee: \$35