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EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Paper Goods Corp.
DOCUMENT NUMBER: <u>P06000155037</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nicole Karuzas (Name of Contact Person)
(Name of Contact Person)
Paper Goods Corp. (Firm/Company)
14620 96th Lane N (Address)
West Palm Beach, FZ 33412 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
NICOLE KAIUZAS at (SU) 876-328 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Striling Fee Status Certified Copy Certified Copy (Additional copy is enclosed) Striling Fee Status Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:			
	Paper Goods Corp.			
SECOND:	The document number of the corporation (if known): Po6000 155037			
THIRD:	The date dissolution was authorized: 12 31 2009			
	Effective date of dissolution if applicable:			
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			
	ALL SE TO			
	(voting group)			
	Signature: (By a director, president or other officer - if directors or other court appointed fiduciary, by that fiduciary)			
	Tresident Nicole C. Karuzas (Typed or printed name of person signing)			
	President (Title of person signing)			

Filing Fee: \$35