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(Re	questor's Name)	
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(Ad	dress)	
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, (Cit	ty/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
∵ (Bu	siness Entity Nan	ne)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
ATTACKS F. FLORID

C.COULLIETTE
SEP 2 9 2009

EXAMINER

CK 7958

COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: Orlando Wholesale Printing, Inc DOCUMENT NUMBER: P0700000547 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Christine Ngayen Injury & Accident Clinic 136 E. Colonial Dr.
(Address) Orlande FC 37801
(City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) at (407) 649 - 3899

(Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: Certificate of Status & Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is

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

enclosed)

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:		
	Orlando whole sale Printing Inc		
SECOND:	The document number of the corporation (if known): Po 7 000000 5 4 7		
THIRD:	The file date of the articles of incorporation: 01/02/07		
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 distributed to the shareholders, if shares were issued.		
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.		
Sign	ature: (By a director, president of 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.)		
	Christine Wagen (Typed or printed name of person signing)		
	(Title of Person Signing)		

Filing Fee: \$35