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. (Requestor's Name)	
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PICK-UP	WAIT MAIL	
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ALLAHASSEE, FLORIO

COVER LETTER

Division of Corporations		
SUBJECT:	NON	
DOCUMENT NUMBER: P070	25652000	
The enclosed Articles of Dissolution and fee are sul	omitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
GALCT HAZEL- (Name of Contact F	BECHOZ - AGENT	
(Firm/Company) 4700 Stt.	DAN STREET	
(Address)		
HOLLY YOUD (FLORLY	DA 33.02 1	
(City/State and Zi	o Code)	
For further information concerning this matter, pleas	e call:	
CALITHROEL RE CHOR at (Name of Contact Person)	S54, 894-0373 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
Certificate of Status Certifi	5 Filing Fee & \$\sum_{\text{\$52.50}}\$ Filing Fee, ed Copy onal copy is certified Copy (Additional copy is enclosed)	
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	

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: SECOND: The document number of the corporation (if known): The file date of the articles of incorporation: THIRD: 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. 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.) (Typed or printed name of person signing)

Filing Fee: \$35

(Title of Person Signing)