## 

(Requesto	r's Name)	
(ivequesio	i <del>o Name</del> j	
(A d d a c a c a c a c a c a c a c a c a c		
(Address)		
(Address)		
(City/State	/Zip/Phone #)	
		<b>—</b>
PICK-UP	WAIT	MAIL
(Business	Entity Name)	
(Documen	t Number)	
Certified Copies (	Certificates of	Status
•		
Special Instructions to Filing (	Officer:	
		•
Offic	re Use Only	



12/22/08--01031--016 \*\*43.75

## N & SON, INC.

The document numb	per of the corporation: G07162900325
Please send me Cert	ified copy to:
Mailing address:	Natasha Goodwill
	5600 N.Flagler Dr., apt. # 907
	West Palm Beach, FL 33407
Telephone number:	(561)713-7312 OR (561)758-9392
Natasha Goodwill (President)	

CEIVE

30 AM 8 CU

RY OF STATE

SEE, FLORBE

## 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:	
•	N & SON, INC.	
SECOND:	The document number of the corporation (if known): G07162900325	
THIRD:	The date dissolution was authorized: September 30, 2008	
	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 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	
	200 AL	
	(voting group)  CRETARY OF 3  LAHASSEE. FL	
	Signature: N. Goodwill  (By a director, president or other officer - if directors or officers have not been selected, by	
	(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)	
	Natasha Goodwill	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

Filing Fee: \$35