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SECRETARY DE STATE

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations							
SUBJECT: Article of Dissolution							
DOCUMENT NUMBER:							
The enclosed Articles of Dissolution and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Nella Oliver (Name of Contact Person)							
Scotto's Bistco, Inc. (Firm/Company)							
(Firm/Company)							
4192 Flonders G.							
4192 Flonders Ct. (Address)							
Spring Hill FL 34609 (City/State and Zip Code)							
(City/State and Zip Code)							
For further information concerning this matter, please call:							
Nella Oliver at (727) 495-0792							
(Name of Contact Person) (Area Code & Daytime Telephone Number)							
Enclosed is a check for the following amount:							
\$35 Filing Fee \$\to\$ \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)							
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building							

2661 Executive Center Circle

Tallahassee, FL 32301

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	ARTICLES OF DISSOLUTION APPLICATION							
Pursuant to articles of d	ARTICLES OF DISSOLUTION ARTICLES OF DISSOLUTI							
FIRST:	The name of the corporation as currently filed with the Florida Department of State:							
	Scottos Bistro, Inc.							
SECOND:	The document number of the corporation (if known):							
THIRD:	The file date of the articles of incorporation: (4) 2007							
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.								
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)							
	(Typed or printed name of person signing) Pre Sident (Title of Person Signing)							

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of	f Corporate Dis	ssolution" is opti	onal and is not	required when file	ing a voluntary disso	olution.
Name of Corpo	oration:	cottos	Bistro	Inc.		
Date of dissolu specified in the			tion is filed with	the Department	of State or as	
Description of	information tha	at must be includ	ed in a claim:			
The h	ousiness	closed	in Aug	just of	7009.	
Mailing addres					on of Corporations)	
	Spring	till, PL	34609			
A claim agains within 4 years			will be barred u	nless a proceedin	g to enforce the clai	m is commenced
Nella	Oliver Printed Name	of the Person Filing		Nest Sign	gnature of the Person Fil	ing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00