. (Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT:	
DOCUMENT NUMBER: PO70000	87188
The enclosed Articles of Dissolution and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Mark McBroom (Name of Contact	
Meals Gone Wild (Firm/Comp	
2388 Dunder Ct. E (Address)	
Orange Park FL 32 (City/State and 2	. 065 Zin Code)
For further information concerning this matter, ple	
Mark Mc Broom at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certi (Add	.75 Filing Fee & \$\sum \$\\$52.50 Filing Fee, ified Copy
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

OVER TARY OF STATE OF APP 16 PM 2: 48

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:
	Meals Gone Wild, Inc.
SECOND:	The document number of the corporation (if known): P0700087188
THIRD:	The file date of the articles of incorporation: $8-1-2007$
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.
Signa	(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)
	President (Title of Person Signing)

Filing Fee: \$35