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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sarah Webb)nc	
DOCUMENT NUMBER: PO 700	0089608	
The enclosed Articles of Dissolution and fee a	re submitted for filing.	
Please return all correspondence concerning the	is matter to the following:	
Sayes (Name of Con		
(Firm/Company)		
23 W King St (Address)		
Orlanda (City/State a	2, FL 32.804 nd Zip Code)	
For further information concerning this matter,		
Savah Welbo (Name of Contact Person)	at (<u>407</u>) <u>340 - (2/82</u> (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
()	\$43.75 Filing Fee & \$\sum \$\$52.50 Filing Fee, Certified Copy Additional copy is enclosed) \$\$\$\$\$ 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:
	Sarah Webb Inc
SECOND:	The document number of the corporation (if known): PO 100089608
THIRD:	The file date of the articles of incorporation: August 9, 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.
Sign	ature: (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.)
	Sarah Webb (Typed or printed name of person signing)
	(Title of Person Signing)

Filing Fee: \$35