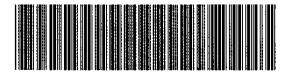
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COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: Credentials Network Inc. Dissolution		
DOCUMENT NUMBER: P07000124652		
The enclosed Articles of Dissolution and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Barbara M Jackson		
(Name of Contact	Person)	
Credentials Network, Inc.		
(Firm/Company)		
50 Pleasant Street	Make the first the state of the	
(Address)		
North Kingstown, RI 02852		
(City/State and Zi	p Code)	
For further information concerning this matter, plea	se call:	
Barbara Jackson at	(401) 295-8783	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
Certificate of Status Certif	75 Filing Fee & Certificate of Status & Certified Copy is osed) (Additional copy is enclosed)	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION 2010 DEC 27 PM 12: 08 da Statutes, this Florida profit

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation authorities the Hullowing articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	Credentials Network Inc.	
SECOND:	The document number of the corporation (if known): P07000124652	
THIRD:	The file date of the articles of incorporation: November 16, 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: Buy M. (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.)		
	Barbara M Jackson (Typed or printed name of person signing)	
	President (Title of Person Signing)	

Filing Fee: \$35