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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: DISPOLVE A FL	ORIDA CORPORATION
DOCUMENT NUMBER: P0400	0132119
The enclosed Articles of Dissolution and f	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Kathleen Wil	Contact Person)
ARTFUL WALL	S STUDIUS, INC n/Company)
(Firm	n/Company)
8 ARREdond	la Aue de la
(A	ddress)
St. Augustine	, FL 32080 te and Zip Code)
(City/Sta	te and Zip Code)
For further information concerning this ma	ter, please call:
Kathleen Williams (Name of Contact Person)	at (904) しろ 1773 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	nt:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle
1 ananassee, 14 52514	Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to articles of d	section 607.1401, Florida Statutes, this Florida profit corporation submits the following issolution:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	ARTFUL WALLS STUDIOS INC MG 3
SECOND:	The document number of the corporation (if known): PO 700/152119 35 %
THIRD:	The file date of the articles of incorporation: $12-14-2007$
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: Kathleen Williams President (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)
	TRESIDENT (Title of Person Signing)

Filing Fee: \$35