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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:							
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SECNCTARY OF STATE
ALLAHASSEE FINALE

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COVER LETTER

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DOCUMEN'	T NUMBER:	70800	000 900	3	<u>, , , , , , , , , , , , , , , , , , , </u>	
The enclosed	Articles of Dissol	ution and f	ee are subm	itted fo	or filing.	
Please return	all correspondence	e concerning	g this matte	r to the	following:	
	CHRISTIAN) A .	ANDRA	+DE		
			Contact Per			
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		(A	ddress)			
	PEMBE	oke 3	PINES,	FL	33025	
		(City/Sta	te and Zip (Code)		
For further in	formation concern	ing this ma	tter nlease	call:		
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	ING ADDRESS:				STREET ADD	
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	ion of Corporation Box 6327	S			Division of Co Clifton Buildin	•
	box 0327 haccee FL 32314					e 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:					
	CAYAC INCORPORATED						
SECOND:	The document number of the corporation (if known): Po 800009	003					
THIRD:	The file date of the articles of incorporation: $4/15/09$	ZS.	09 APR 20				
FOURTH:	(CHECK AT LEAST ONE BOX)	LLAH					
	None of the corporation's shares have been issued.	HASSEE					
	The corporation has not commenced business.	F STA	PH :				
FIFTH:	No debt of the corporation remains unpaid.						
SIXTH:	The net assets of the corporation remaining after winding up have been distrito the shareholders, if shares were issued.	buted					
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 efficer - if directors or officers have not been selected, by an in in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	corporator •	if				
	CHRISTIAN A. ANDRADE						
	(Typed or printed name of person signing)						
	PRESIDENT						
	(Title of Person Signing)						

Filing Fee: \$35