P080000675/6

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	∌ #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
. (Doc	cument Number)	•
Certified Copies	Certificates	of Status
Special Instructions to I		
		Ì
		,

Office Use Only



000161824950

10/21/09--01013--013 **35.00

一姐似, 赵 开情转点

The community of the second sections of the section section sections of the section section sections of the section section section section sections of the section section section sections of the section section section section section section section section section sect

9 OCT 21 PH 2: 13
UCRETARY OF STATE

Diss. William

F-CONNELL DOT 2 2 2000

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Changing Corporate Status DOCUMENT NUMBER: 5089 PO 8000067516
DOCUMENT NUMBER: 5050 00 X 0000675/6
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
BUDDHABABLING (Firm/Company)
7 Pl A 14 2 8 1 P 2
Meston FLORIDA 33332
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (974) 873 6 9 0 6 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations
P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:
	Buphababe Zenvenity, Inc.
SECOND:	The document number of the corporation (if known): 2080006751
THIRD:	The date dissolution was authorized: 10 9 09
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	Signature: (By a director, president or other officer - if directors of officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, of other court appointed fiduciary, by that fiduciary) (Typed or printed name of person signing)
	OLES
	(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.