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PICK-UP	WAIT	MAIL		
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SECRETARY OF STATE
TALL THE SSEE, THORIDA

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T. CARTER

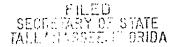
#### **COVER LETTER**

TO: Amendment Section

Division of Corporations				
SUBJECT: DISSOL	UTION OF CORPORATION			
DOCUMENT NUMBER:	0900000500			
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concern	ning this matter to the following:			
PAUL MI	IAN Chisi			
(Name	of Contact Person)			
miF Re.	STAU DANT INC			
11				
30,000 CULA	(Address)			
	(Address)			
DRLANDS	FC 32306			
(City/State and Zip Code)				
For further information concerning this	matter, please call:			
	at (407) 895 ~ 933 \(\text{(Area Code & Daytime Telephone Number)}			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following an	nount:			
. \$35 Filing Fee \$43.75 Filing Fee Certificate of Statu				
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 607.1403, 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 S	State:		
	_ THE ROTTING			
SECOND:	The document number of the corporation (if known): P090000500			
THIRD:	The date dissolution was authorized: $\frac{12 \left(11 \right) 2013}{1}$			
	Effective date of dissolution if applicable: 1231251 (no more than 90 days after dissolution file	e date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast fo was sufficient for approval.	r dissolution		
	☐ Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group ent to vote separately on the plan to dissolve:	itled		
	The number of votes cast for dissolution was sufficient for approval by	SECRET TALLES 13 DEC		
	(resident arrange)	7		
	(voting group)	PH 1:49		
	Signature:  (By a director, president or other officer - if directors or officers have not been selected, by	1DA		
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)			
	PAUL MANCHISI			
	(Typed or printed name of person signing)			
	Pars, Dent			
	(Title of person signing)			

Filing Fee: \$35

## P09000000500

#### **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. MI, FRESTAULANT INC 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: BUS, MISS IN INSOLUTIONS, LACK OF SALLT CAMOT SUSTAIR DAY TO DAY OPCRATIONS. NON-ANEWL OF LEAST, 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.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00