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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2010 MAY 12 AH 9: 06
SECRETARY OF STATE

Diss. W/Notice

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COVER LETTER

TO: Amendment Section

Division of Corporations SUBJECT: Dissolution P09000035690 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Efren Rodriguez (Name of Contact Person) Coader, Inc. (Firm/Company) 2450 Smith St. Suite P (Address) Kissimmee, FL 34744 (City/State and Zip Code) For further information concerning this matter, please call: Stephen Perez, EA (Name of Contact Person) Enclosed is a check for the following amount: ✓\$35 Filing Fee —\$43.75 Filing Fee & —\$43.75 Filing Fee & —\$52.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 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:					
	Coader, Inc.					
SECOND:	The document number of the corporation (if known): P09000356	90				
THIRD:	The date dissolution was authorized: 12/31/09	<u>. </u>				
	Effective date of dissolution if applicable: 12/31/09 (no more than 90 days after dissolution)	solution f	ile date)			
FOURTH:	Adoption of Dissolution (CHECK ONE)					
	Dissolution was approved by the shareholders. The number of votes was sufficient for approval.	s cast fo	or diss	olution		
	Dissolution was approved by the shareholders through voting group	os.				
	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	SE GRE TALLAH	2010 MAY 12			
	Signature: (By a director, president or other officer - if directors or officers have not been selecte an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciar that fiduciary)		Y 12 AH 9: 06			
	Efren Rodriguez					
	(Typed or printed name of person signing)					
	President					
	(Title of person signing)					

Filing Fee: \$35

Notice of Corporate Dissolution

	submitted by the dissolved corporation named below for resolution of payment of unknown claims or or poration as provided in s. 607.1407, F.S.
This " <i>Notice</i>	of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Cor	poration: Coader, Inc.
	lution will be the date the dissolution is filed with the Department of State or as the Articles of Dissolution.
Description of	f information that must be included in a claim:
Mailing addre	ess where claims can be sent: (Claims cannot be sent to the Division of Corporations)
	2450 Smith Street
	Suite P
	Kissimmee, FL 34744
	ast the above named corporation will be barred unless a proceeding to enforce the claim is commenced after the filing of this notice.
	\mathcal{Q} \mathcal{A} .
Efren Ro	
	Printed Name of the Person Filing Signature of the Person Filing