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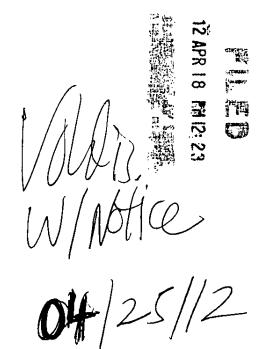
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

1 1

SUBJECT: DISSOLUTION OF CORPORATION	
DOCUMENT NUMBER: P10000092619	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
CATHERINE A. WALKER	
(Name of Contact Person)	
ASSISTANCE BY CATHERINE INC.	
ASSISTANCE BY CATHERINE INC. (Firm/Company)	
2993 BLOCTON ROAD (Address)	
(Address)	
NORTH PORT, FLORIDA 34288	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
CATHERINE A: WALKER at (941) 979-2926 (Name of Contact Person) (Area Code & Daytime Telephone Numb	er)
Enclosed is a check for the following amount:	,
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & \$\bigcup \$43.75 Filing Fee & \$\bigcup \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS: STREET ADDRESS:	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive 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 Departme	ent of Sta	ite:	
	ASSISTANCE BY CATHERINE, INC.			
SECOND:	The document number of the corporation (if known): P1000090	619		
THIRD:	The file date of the articles of incorporation: $11-12-10$			
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 dito the shareholders, if shares were issued.	istributed		
SEVENTH:	Adoption of Dissolution (CHECK ONE)	ينين فلا		
	A majority of the incorporators authorized the dissolution.		12 APF	
	A majority of the directors authorized the dissolution.		~ 8	grante.
		10		
			12: 23	
Sign	ature: Catreine awarron	- 1 4.00		
	(By a director, president or other officer - if directors or officers have not been selected, by in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	an incorpora	itor - if	
	(Typed or printed name of person signing)			
	PRESIDENT (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.

ASSISTANCE BY CATHERINE INC. 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) CATHERINE A. WALKER BLOCTON NORTH FORT FL 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. CATHERINE A. WALKER Printed Name of the Person Filing

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