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COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: ARTICLES OF DISSOLUTION P11000015824 DOCUMENT NUMBER: _ The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MITCHELL KATZ (Name of Contact Person) GKS LLC (Firm/Company) 210 N UNIVERSITY DR SUITE 302 (Address) CORAL SPRINGS FL 33071 (City/State and Zip Code) For further information concerning this matter, please call: MITCHELL KATZ (Area Code) (Daytime Telephone Number) (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 & Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional copy is enclosed) enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

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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: DOLANDIS ENTERPRISES, INC.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable:
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	Signature: V Chole Dolanli
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	CHLOE DOLANDIS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

Filing Fee: \$35