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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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T. LEWIS

COVER LETTER

Division of Corporations
SUBJECT: DISSOLUTION OF CORPORATION
DOCUMENT NUMBER: P 1/0000 95492
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
NATURAL ART LANDSCAPER INC. (Firm/Company)
637 NE. 19 ⁹⁴ Ave (Address)
(Address)
DEREFIELD BEACH FLORIDA 33441 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
DANIEL R. MAUS at (954) 254-3046
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section
Division of Corporations Amendment Section Division of Corporations
P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION



Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

articles of a	,
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	NATURAL ART LANDSCAPES, INC.
SECOND:	The document number of the corporation (if known): P 110000 95452
THIRD:	The file date of the articles of incorporation: ///02/201/
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 distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature: (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 (Typed or printed name of person signing) OHICAR DIRECTOR (Title of Person Signing)

Filing Fee: \$35