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CHINKI

COVER LETTER

TO: Amendment Section Division of Corporations	**			
SUBJECT: BLUE STAR RANCH INC				
DOCUMENT NUMBER:				
The enclosed Articles of Dissolution and	I fee are submitted for filing.			
Please return all correspondence concerni	ing this matter to the following:			
ALBA GINES				
(Name o	of Contact Person)			
(Fi	rm/Company)			
1345 SE 42ND DR				
(Address)			
SDUMMTERVILLE, FL 33585				
(City/S	tate and Zip Code)			
For further information concerning this m	natter, please call:			
ALBA GINES	at () 590-5107			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amo	ount:			
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status				
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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 Department BLUE STAR RANCH INC	of State:	_	
SECOND:	The document number of the corporation (if known):		<u>.</u>	
THIRD:	The file date of the articles of incorporation:			
FOURTH:	None of the corporation's shares have been issued.			
FIFTH:	No debt of the corporation remains unpaid.	SEC	2031	esseri
SIXTH:	The net assets of the corporation remaining after winding up, if any, have be to the shareholders, if shares were issued.	ARST DAR	莊d -3	
SEVENTH:	A majority of the incorporators or directors authorized the dissolution.	RY OF STATE	9 PM 2: 50	
Sign	ature: (By a director, president or other officer - if directors or officers have not been selected, by an in in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	ncorporator -	if	-
	ALBA GINES (116 M) W			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of Person Signing)			

Filing Fee: \$35