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3. Chairman



COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Calculated N-Sight, Inc.	
DOCUMENT NUMBER: P21000082254	l
The enclosed Articles of Dissolution and	I fee are submitted for filing.
Please return all correspondence concerni	ing this matter to the following:
Dr. Sheila B. Banks	
(Name o	of Contact Person)
Calculated Insight	
(Fi	rm/Company)
PO Box 1838	
(Address)
Goldenrod, FL 32733	
(City/S	tate and Zip Code)
For further information concerning this m	natter, please call:
Dr. Sheila B. Banks	at (407 353-0566
(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 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

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 Calculated N-Sight, Inc.	of State	e:	
SECOND:	The document number of the corporation (if known):			
THIRD:	The file date of the articles of incorporation:			
FOURTH:	None of the corporation's shares have been issued.	• ;	در روز در دوز	2 <u>0</u>
FIFTH:	No debt of the corporation remains unpaid.		S. MAY	3
SIXTH:	The net assets of the corporation remaining after winding up, if any, have be to the shareholders, if shares were issued.		ributed	l
SEVENTH:	A majority of the incorporators or directors authorized the dissolution.	Est I de	PH 5: 29	4
Sign	(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.)	acorporat	or - if	
	Sheila B. Banks			
	(Typed or printed name of person signing)			
	President			
	(Title of Person Signing)			

Filing Fee: \$35