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(Re	questor's Name)	
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C.COULLIETTE

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EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: Dissolution of Arion Zo	e Corp.	
DOCUMENT NUMBER: 7930	·	
The enclosed Articles of Dissolution and fe	ee are submitted for filir	og.
Please return all correspondence concerning	this matter to the follo	wing:
John L. Jones		
(Name of C	Contact Person)	
Arion Zoe Corp.		
(Firm	n/Company)	
P. O. Box 18878		
(Ad	ddress)	
Tampa, FL 33679		
(City/Stat	te and Zip Code)	
For further information concerning this mat	tter, please call:	
John L. Jones	at (813) 2	254-0055
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check for the following amou	nt:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Am Div Clif	EET ADDRESS: endment Section ision of Corporations fon Building 1 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

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 Departme	ent of State:	
	Arion Zoe Corp.		
SECOND:		32	
THIRD:	The date dissolution was authorized: October 15, 2008		
	Effective date of dissolution if applicable: November 15, 2008 (no more than 90 days after dissolution)	lution file date)	,
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes of was sufficient for approval.	cast for diss	olution
	Dissolution was approved by the shareholders through voting groups	:61	
	The following statement must be separately provided for each voting gro to vote separately on the plan to dissolve:	u Aitle	
	The number of votes cast for dissolution was sufficient for approval by	TARY OF	
	(voting group)	STATE LOSSIA	
	Signature: (By a director, president or other officer - if directors or officers have not been selected,	- hv	
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary that fiduciary)		
	John L. Jones	_	
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35