

P93000082220

(Requestor's Name)

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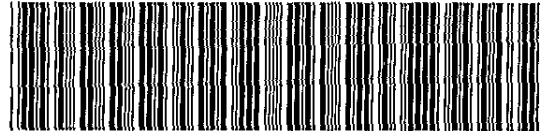
(Business Entity Name)

(Document Number)

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March 14, 2003

Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

RE: Tyne Holdings, Inc.  
Our File No. 23081/23081

Dear Sir Madam:

Enclosed please find Articles of Dissolution of Tyne Holdings, Inc. to be filed with the State of Florida dissolving this corporation. I have enclosed our check in the amount of \$35.00 to cover this filing fee.

If anything further is required or more information is needed, please contact me.

Very truly yours,



ROBERT E. MURDOCH  
For the Firm

REM:nlk

**ARTICLES OF DISSOLUTION OF  
TYNE HOLDINGS, INC.**

The undersigned, being the President of TYNE HOLDINGS, INC., a Florida corporation, for the purpose of dissolving such corporation under the Florida Business Corporation Act, hereby certifies that all the Shareholders of the corporation have adopted the following Articles of Dissolution.

**Article I**

The name of the corporation to be dissolved is TYNE HOLDINGS, INC.

**Article II**

The Articles of Incorporation of the corporation were filed with the Secretary of State of the State of Florida on November 22, 1993, under assigned document number P93000082220.

**Article III**

Dissolution of the corporation was authorized on March 7<sup>th</sup>, 2003.

**Article IV**

The dissolution has been authorized by all of the Shareholders of the corporation.

**Article V**

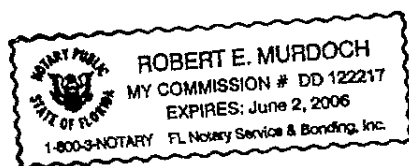
The corporation shall be deemed dissolved upon filing of these Articles.


**IN WITNESS WHEREOF**, the undersigned have made and subscribed these Articles of Dissolution for the uses and purposes set forth herein, this 7<sup>th</sup> day of March, 2003.

  
\_\_\_\_\_  
IAN PATON, President

STATE OF FLORIDA       )  
COUNTY OF BROWARD   )

The foregoing instrument was acknowledged before me this 7<sup>th</sup> day of March, 2003, by IAN PATON, as President of TYNE HOLDINGS, INC., on behalf of the corporation. He is personally known to me or has produced \_\_\_\_\_ as identification.



  
\_\_\_\_\_  
Notary Public, State of Florida  
Printed Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_