P94000019397

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations				
SUBJECT: Chill Factor,	Inc.			
DOCUMENT NUMBER: <u>P94000079397</u>				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Cindy Smith (Name of Contact Per				
(Name of Contact Per	son)			
(F) (O				
(Firm/Company)				
/855 N.W. 1074 Ar	Ve			
Coral Springs FL 33071 (City/State and Zip Code)				
For further information concerning this matter, please				
(Name of Contact Person) at ((Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
Certificate of Status Certificate	nal copy is Certified Copy			
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			

2661 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 Department of State:					
	Chill Factor, Inc.					
SECOND:	00.100 7	9397	, —			
THIRD:	The date dissolution was authorized:		_			
	Effective date of dissolution if applicable: (no more than 90 days after dissolution fi	ile date)	-			
FOURTH:	Adoption of Dissolution (CHECK ONE)					
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	or dissoluti	on			
	Dissolution was approved by the shareholders through voting groups.					
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:					
	The number of votes cast for dissolution was sufficient for approval by					
	(voting group)					
	Signature: Lindul Smith					
	(By a director, president of 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)	SECRI TALL A	10 APR			
	Cindy T. Smith (Typed or printed name of person signing)	HASSET, E	※30 無			
	Mina Drasidant	83 83	<u></u>			

Filing Fee: \$35

(Title of person signing)