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(((H10000040864 3)))



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To:

Division of Corporations

Fax Number : (8!

: (850)617-6380

From:

Account Name : MORRIS A. LECOMPTE, P.A.

Account Number : 072100000461 Phone : (727)896-1000

Fax Number : (727)895-1009

DISSOLUTION OR WITHDRAWAL CRIME SCENES INC.

Certificate of Status	0
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February 23, 2010

FLORIDA DEPARTMENT OF STATE Division of Corporations

CRIME SCENES INC. 12711 US HWY 92 EAST DOVER, FL 33527US

SUBJECT: CRIME SCENES INC.

REF: P95000073333

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 ' days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II FAX Aud. #: H10000040864 Letter Number: 710A00004488 H100000408643

10 FEB 23 AM 9: 55

ARTICLES OF DISSOLUTION LAHASSEE. FLORIDA

CRIME SCENES, INC.

(Document Number P95000073333)

Pursuant to the provisions of Section 607.1403 of the <u>Florida Statutes</u>, the undersigned Corporation adopts the following Articles of Dissolution for the purpose of dissolving the Corporation:

ARTICLE I - Name

The name of the Corporation is Crime Scenes, Inc. (the "Corporation").

ARTICLE II - Date of Dissolution

The dissolution of the Corporation was authorized by the unanimous written consent of all of the shareholders and directors of the Corporation as of the 22nd day of February, 2010.

ARTICLE III - Agreement for Dissolution

Pursuant to the authority contained in Sections 607.0821, 607.1402 and 607.0704 of the Florida Statutes, the shareholders and directors of the Corporation authorized the dissolution of the Corporation. Said authorization was accomplished by an Action By Written Consent executed by all of the directors and the holders of all the capital stock of said Corporation, which authorization is sufficient for approval of dissolution.

IN WITNESS WHEREOF, I have subscribed my name on this 22nd day of February, 2010.

CRIME SCENES. INC.

David Powell, President

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Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Critical Sciences Inc.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
See notice requirements attached hereto and
incorporated herein by this reference.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
David Powell
421 Bath Club Blvd. S.
N. Redington Beach, Florida 33708
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commen within 4 years after the filing of this notice.
David Powell
Printed Name of the Person Filing Signature of the Person Filing

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Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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NOTICE REQUIREMENTS

(Attachment to Notice of Corporate Dissolution)

- 1. Provide the name, mailing address, and telephone number of the claimant and the claimant's account number, if any.
- 2. Provide the legal theory upon which claimant seeks recovery, e.g., breach of contract, tort, etc.
- 3. State all relevant facts that support the claim.
- 4. If the claim involves personal injury or property damage:
 - (a) State the exact date of the incident that you believe caused the damage or injury. If the incident took place over more than one date, provide both the beginning and ending dates. If the incident is ongoing, provide the beginning date and the most recent date it occurred.
 - (b) Describe the specific damage or injury that you believe resulted from the incident.
 - (c) Explain the circumstances that led to the damage or injury.
 - (d) Provide the total dollar amount being claimed. If claimant believes the damages are continuing, or anticipated in the future, provide the basis for such belief.
 - (e) Explain why the claimant believes the corporation is responsible for the damage or injury.
- 5. Provide true and complete copies of all relevant documents that form the basis of such claim, and if not available, provide an explanation. If the claim involves goods sold, services performed, money loaned or other commercial transaction, provide true and complete copies of any promissory note, purchase order, invoice, itemized statements of running accounts, court judgments, mortgages, security agreements, evidence of lien perfection, and other documents and instruments forming the basis of such claim.
- 6. Specify whether or not the claimant has made a claim against anyone else in connection with any matter related to the incident giving rise to this claim, and provide the names and addresses of all persons and insurance companies against whom claimant has made such claims.
- 7. Specify whether any of the claimed damages, losses, expenses or other amounts claims are covered by any policy of insurance. For each such policy, state the name and address of the insurance company, policy number, and benefits paid or payable.
- 8. State whether or not claimant received or agreed to receive any money from anyone for the damages claimed in the claimant's notice. If so, provide complete details.