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D. GONNEL JAN 1 2 2010

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Divis	ion of Corporations		
SUBJECT: _	DISSOLUTION 1	PARTY APPO	REL MANUFACTURING
DOCUMEN'	T NUMBER:		
The enclosed	Articles of Dissolution and	fee are submitted fo	r filing.
Please return	all correspondence concerning	ng this matter to the	following:
SAM	WAKSMAN (Name of	Contact Person)	
	EX APPAREL		
	NW 116th W	•	
MED	OLEY, FL 33 (City/Sta	178	
	(City/Sta	ate and Zip Code)	
For further in	formation concerning this ma	atter, please call:	
	ame of Contact Person) check for the following among		3 <u>889 - 0600 x 801</u> 3 ode & Daytime Telephone Number)
	Fee \$\sum \$\\$43.75\$ Filing Fee & Certificate of Status		Certificate of Status &
Amen Divis	AING ADDRESS: Independent Section It is in a section of Corporations Box 6327		STREET ADDRESS: Amendment Section Division of Corporations 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:
	PARTEX APPAREL MANUFACTURING INC.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: 11 27 2009
	Effective date of dissolution if applicable: 1130/2009 (no hore than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	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: (By a director, president or 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)
	SAM WAKSMAN (Typed or printed name of person signing)
	(Title of person signing)

Filing Fee: \$35