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5-CRETARY OF STATE
ALLAHASSEE, FLORIDA



COVER LETTER

TO: Amendment Section	
Division of Corporations	·
SUBJECT: Voluntary Page 00 DOCUMENT NUMBER: P	Dissolution
DOCUMENT NUMBER: P 9 000	20088810
The enclosed Articles of Dissolution and fee are s	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Margaret (Name of Contac	Lardizabal nt Person)
Restaurant (Firm/Com	belopment Crop, Inc
TO3 NW B (Address)	ladyberry Circle
(City/State and	FL 32055
For further information concerning this matter, ple	ease call:
Margaret Lardizabal a (Name of Contact Person)	t (386) 755-2309 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(Add	3.75 Filing Fee & S52.50 Filing Fee, iffied Copy Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	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 art of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of The document number of the corporation (if known): SECOND: The date dissolution was authorized: THIRD: Effective date of dissolution if applicable: (no more 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) (yped or printed name of person signing) (Title of person signing)

Filing Fee: \$35