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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dissolution of Florida Corpo	pration	
DOCUMENT NUMBER: P960000506	11	
The enclosed Articles of Dissolution and f	ee are submitted for filing	g.
Please return all correspondence concerning	g this matter to the follow	ving:
Louise W. Winfree		
(Name of	Contact Person)	
Sole Sisters, Inc.		
(Fire	n/Company)	
335 3rd Street		_
(A	ddress)	
Atlantic Beach, FL 32233		
(City/Sta	ite and Zip Code)	
For further information concerning this ma	tter, please call:	
Louise W. Winfree	at (_904) <u>24</u>	
(Name of Contact Person)	(Area Code &	Daytime Telephone Number)
Enclosed is a check for the following amou	ant:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDDESS:	CTD E	FT ADDRESS.

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 articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	Sole Sisters, Inc.		
SECOND:	The document number of the corporation (if known): P96000050611		
ΓHIRD:	The date dissolution was authorized: September 24, 2010		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution	n file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dis	solutior
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group of to vote separately on the plan to dissolve:	entitled	
	The number of votes cast for dissolution was sufficient for approval by		
			** *** ***
	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)	10 OCT -1 PM 14 36	SEERCIARY OF STATE
	Louise W. Winfree (Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35