97000013624

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Diss. W/Notice

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: CORPORATE DIS	SOIUTION
DOCUMENT NUMBER: P970000136	24
The enclosed Articles of Dissolution and fee are submitted for fi	iling.
Please return all correspondence concerning this matter to the fol	llowing:
CAROLYN SPENCE (Name of Contact Person)	
(Firm/Company)	
1720 HARRISON ST. 11 (Address)	o E
HOLYWOOD FLA. 3 (City/State and Zip Code)	3020
For further information concerning this matter, please call:	
(Name of Contact Person) at (954) (Area Code	923. 3005 e & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & \$\sum \\$43.75 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)	& \$\sumsymbol{\sumsymbol{\subsymbol{\sin}\symbol{\sin}\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin
Amendment Section And Division of Corporations Division of Corporations Division 6327 Clark Tallahassee, FL 32314 26	mendment Section ivision of Corporations lifton Building 661 Executive Center Circl allahassee, 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:		
	CAFE NOW ART, INC.		
SECOND:	The document number of the corporation (if known): $\frac{297000013624}{}$		
THIRD:	The date dissolution was authorized: MARCH 10 th , 2011		
	Effective date of dissolution if applicable: MARCH 3151 2011 (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. EFFECTIVE DATE 3-3 -/		
	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)		
	Viant 111		
1	TO STATE OF THE ST		
	Signature: (By a director, president or other officer diff 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)		
	CAROLYN SPENCE		
	(Typed or printed name of person signing)		
	PRESIDENT (Title of person signing)		

Filing Fee: \$35

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: WHE MOW HO, INC.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Dame of company including address, phone number, account number and anylall documentation including p.o.: signed by Carolyn Spence.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) C.A. SPENCE 1720 HARRISON ST. 16E
HOLLYWOOD FLA. 33020

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Printed Name of the Person Filing

Signature of the Person Wiling

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