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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: DISSOLUTIO	in of corporation
DOCUMENT NUMBER: P970	00087059
The enclosed Articles of Dissolution and fee an	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Toby S	Spill test Person)
Exquisite 1	Properties
4045 Sherida	n Avenue #254
	FC 33140 d Zip Code)
For further information concerning this matter,	please call:
. (Name of Contact Person)	at (305) 790-7774 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(A	43.75 Filing Fee & \$\begin{array}{l} \$52.50 Filing Fee. \\ \text{certified Copy} & \text{Certificate of Status & Certified Copy} \\ \text{nclosed} & \text{(Additional copy is enclosed)} \end{array}
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 Stat	e:	
	Relocation Network Realty,	Cor	P	
SECOND:	The document number of the corporation (if known): P97000	<u> </u>	70	50
THIRD:	The date dissolution was authorized: 12 31 07			
	Effective date of dissolution if applicable: (no more than 90 days after dissolution)	on file da	te)	
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	st for di	ssolu	tion
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitle	d 🙃	
	The number of votes cast for dissolution was sufficient for approval by	ECRETAI	11 NAC 80	
	(voting group)	RY 0	6 PH	F
	(voting group)	F STATE FLORIDA	H 1: 19	C
	Simulation /			
	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)	,		
	Toby Spill			
	(Typed or printed name of person signing)			
	_ CEO			
	(Title of person signing)	,		

Filing Fee: \$35