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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: ARTICLES OF DISSOLUTION
DOCUMENT NUMBER: Section 607.1403
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
FRANCES STEWART
(Name of Contact Person)
ALL INCLUSIVE TRAVEL, INC
(Firm/Company)
1348 DINSMORE COURT
(Address)
NEW PORT RICHEY, FL. 34655
(City/State and Zip Code)
For further information concerning this matter, please call:
FRANCES STEWART at (727) 376-3467
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\sqrt{35}\$ Filing Fee \$\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton 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:
	ALL INCLUSIVE TRAVEL, INC.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: DEEMBER 30, 2011
	Effective date of dissolution if applicable: DECEMBER 31, 2011 2 2
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast-for solution 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)
S	Signature: Littlewant
	(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)
	FRANCES STEWART
•	(Typed or printed name of person signing)
	PRESIDENT
•	(Title of person signing)

Filing Fee: \$35