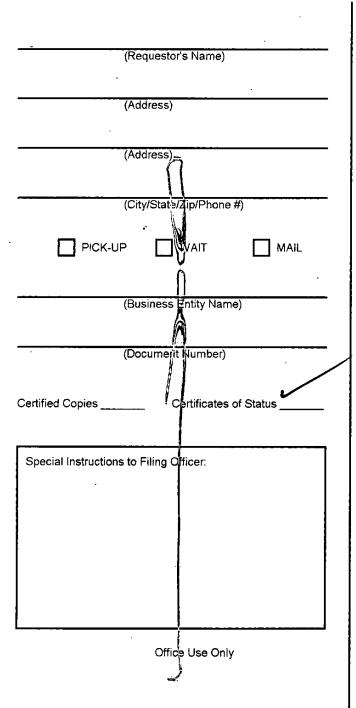
P98000049485





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COVER LETTER

Division of Corporations	
SUBJECT: Dissolution of Jams of	Jax, Inc
DOCUMENT NUMBER: P98000049	9485
The enclosed Articles of Dissolution and for	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Brian Pincket	
(Name of C	Contact Person)
(Firm	n/Company)
9016 Philips Hwy.	
(Ac	idress)
Jacksonville, FL 32256	
(City/Stat	te and Zip Code)
For further information concerning this mat	ter, please call:
Brian Pincket	at (904) 886-6929
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	nt:
□\$35 Filing Fee ☑\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) 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 articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department o	f State:
	Jams of Jax, Inc.	
SECOND:	The document number of the corporation (if known): P98000049485	**************************************
THIRD:	The date dissolution was authorized: 12/31/07	
	Effective date of dissolution if applicable: 12/31/07 (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 was sufficient for approval.	for dissolution
	Dissolution was approved by the shareholders through voting groups.	ARY OF
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	
	The number of votes cast for dissolution was sufficient for approval by	7
	(voting group)	
Signature:		
	(By a director, president or other officer - if directors or officers have not been selected, by an incurporated if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	٠
	Jeffrey L. Spadafora	•
	(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.

	will be the date the dissolution is filed with the Department of State or as icles of Dissolution.
Description of info	rmation that must be included in a claim:
Any and all ir	nformation supporting the basis of the claim including, but not
limited to, the	e date the claim originated, the amount of the claim, all documents
evidencing or s	upporting the claim, and the name, address and telephone number of the
claimant and	a person to contact regarding the claim.
Mailing address wh	nere claims can be sent: (Claims cannot be sent to the Division of Corporations)
<u>Ja</u>	ams of Jax, Inc.
90	016 Philips Hwy.
<u>Ja</u>	acksonville, FL 32256
<u>A</u>	ttn: Legal Department

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.

Jeffrey L. Spadafora

Name of Corporation: Jams of Jax, Inc.

Printed Name of the Person Filing

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