P9800053555

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(Address)
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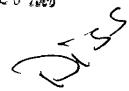
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: UNIVERSAL C	SENEFITS, INC
DOCUMENT NUMBER: P9800	00 <i>53555</i>
The enclosed Articles of Dissolution and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
	HILL
	Contact Person)
UNIVEZSAC	BENEFITS, NC
(Firm	/Company)
6849 Su	J 99 th STREET
(Ac	idress)
OCALA.	FL 34476
(City/Stat	e and Zip Code)
For further information concerning this mat	ter, please call:
Rex D. HILL (Name of Contact Person)	at (352) 622-3432 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amoun	
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, Certified Copy Certificate of Status & (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	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:
	UNIVERSAL BENEFITS, NC
SECOND:	The document number of the corporation (if known): P980000 S3555
THIRD:	The date dissolution was authorized: APRIL 3, 2006
	Effective date of dissolution if applicable: MAY 1 2066 (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 of 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
	SHAME HOLDERS FEE 8
	Signature: (Woting group) REFORM 22 FEE STATE (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) REX D. H. W. (Typed or printed name of person signing) PRESIDENT
	(Title of person signing)

Filing Fee: \$35