Kathryn Lambert Requester's Name  47 River Ct.  Address  Crawford ville, FL 323.  City/State/Zip Phone #  925	·
	Office Use Only
1. (Corporation Name)	
Corporation Name)  (Corporation Name)  (Corporation Name)	(Document #)  AFF DEC 28  F DEC 28  P DEC 28  (Document #)
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(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS	7000035153170 -12/28/0001055022 *****35.00 ******35.00
Profit Not for Profit Limited Liability Domestication Other	<ul> <li>□ Amendment</li> <li>□ Resignation of R.A., Officer/Director</li> <li>□ Change of Registered Agent</li> <li>□ Dissolution/Withdrawal</li> <li>□ Merger</li> </ul>
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other

CR2E031(7/97)

Examiner's Initials DC | 28/00

## 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 is: 18easures, Inc
SECOND:	The date dissolution was authorized: 12-28-00
THIRD:	Adoption of Dissolution (CHECK ONE)
Dis was	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
Diss	solution was approved by vote of the shareholders through voting groups.
	The following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
	(voting group)
Sign	ed this 18th day of <u>December</u> , 2000.
Signature _	(By the Chairman or Vice Chairman of the Board, President, or other officer)
	Kathryn L. Lambert (Typed or printed name)
	Typed or printed name)  President
	(Title)