P99000040945

(Re	questor's Name)	···
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: C.W. Padraging Conopts INC
DOCUMENT NUMBER: <u>P9900040945</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Qeolge H White (Name of Contact Person)
Q.W. Packaging Concepts, FNC. (Firm/Company)
14 Poirdie Lane (Address)
Palm Harbort, Fla 34683 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (727) 734-922 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 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 State:	
SECOND:	The document number of the corporation (if known): P99 0000 409 45	
THIRD:	The date dissolution was authorized: $2 - 5 - 09$	
	Effective date of dissolution if applicable: 2-20-07 (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 for dissolution 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	
	OWNERD AROGOS (voting group)	
	Signature: (By a director, president or other officer - if directors or officers have not been selected an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	
	Cherry H Whitz (Typed or printed name of person signing)	
	Vice President (Title of person signing)	

Filing Fee: \$35