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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dissolution of Comporation
DOCUMENT NUMBER: $\sqrt{23867}$
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
William James Haughtons (Name of Person)
4+18 Realestate Development Conforation (Name of Firm/Company)
1050 MW 203 St - (Address)
Minmi 46. 33169
(City/State/and Zip Code)
For further information concerning this matter, please call:
William Tames Haughton at 305 6511078/3656357902 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:

Amendment Section

Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

Amendment Section

Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

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 Department of State: HHS Repleotate Development Conformation
SECOND:	The document number of the corporation (if known): $\sqrt{23867}$
THIRD:	The date dissolution was authorized: 4/20/34 Effective date of dissolution if applicable: 4/20/34 (nonnore 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 APR 256
	Dissolution was approved by of the shareholders through voting groups. The following statement must be separately provided for each voting groups entitled to vote separately on the plan to dissolve: The number of votes cast for dissolution was sufficient for approval by
	Signed this 20 day of April Two Thousand Four.
	Signature: (By a director, president of 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)
	(Typed or printed name of person signing)
	Rose dent (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.

Name of Corporation: 448 Realestato	Developer	nkrost	Conferation	7
Date of dissolution will be the date the dissolution is file specified in the Articles of Dissolution.	d with the Departme	nt of State o	or as	
Description of information that must be included in a cla	ıim:			
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Mailing address	where claim	ms can be so Ran C	ent: (Cla LB I	aims canno	ot be sent to	o the Divi	sion of Co	rporations)

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.

Printed Name of the Person Filing

Name of the Person Filing

Signature of the Person Filing

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