

PD 6000139426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

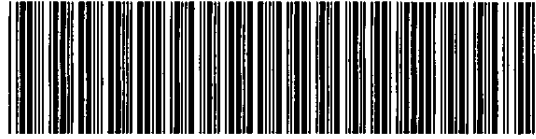
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700082762827

01/16/07--01024--002 \*\*35.00

VD

FILED  
07 JAN 16 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts JAN 18 2007

**Intuit MyCorporation.com**

26520 Agoura Road Calabasas, CA 91302

Toll-Free: 1-888-692-6771 Direct/Intl: 1-818-879-9079

Fax: 1-818-879-8005 Email: info@mycorporation.com

January 11, 2007

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Articles of Dissolution – MILA, LLC & Dark Mother, Inc.**

Enclosed are two executed duplicate originals Articles of Dissolution for the above-referenced **entities**, as well as a two checks for \$25.00 & \$35.00 as the appropriate fees.

Please return a letter of acknowledgment to the undersigned.

Thank you very much for your assistance.

Sincerely,

POST-FORMATION FILINGS  
My Corporation Business Services, Inc.  
26520 Agoura Road  
Calabasas, CA 91302

**PLEASE DIRECT ALL QUESTIONS REGARDING THIS FILING REQUEST  
TO POST-FORMATIONS AT 888.692.6771**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dark Mother, Inc.

**DOCUMENT NUMBER:** P06000139426

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Post Formation Filings**

(Name of Contact Person)

**MyCorporation.com**

(Firm/Company)

**26520 Agoura Rd.**

(Address)

**Calabasas, California 91302**

(City/State and Zip Code)

For further information concerning this matter, please call:

**POST FORMATIONS-MyCorporation.com** at ( **818** ) **879-9079**

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, 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 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED  
07 JAN 19 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
Dark Mother, Inc.

SECOND: The document number of the corporation (if known): P06000139426

THIRD: The file date of the articles of incorporation: November 3, 2006

FOURTH: (CHECK AT LEAST ONE BOX)

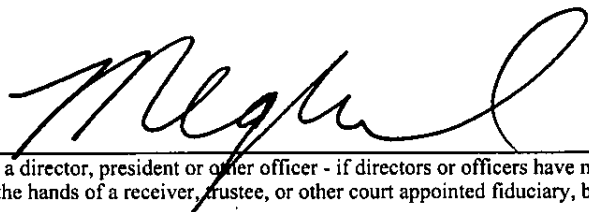
- None of the corporation's shares have been issued.
- The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

- A majority of the incorporators authorized the dissolution.
- A majority of the directors authorized the dissolution.

Signature:   
(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.)

Meghan Record

(Typed or printed name of person signing)

President

(Title of Person Signing)

**Filing Fee: \$35**