

417447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

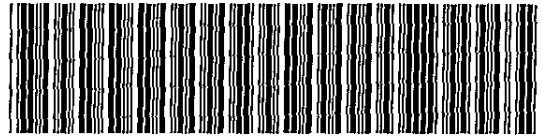
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200022210992

08/14/03--01047--003 **43.75

FILED
03 AUG 14 PM 1:57
TALLAHASSEE, FLORIDA

Professional Contacts, Inc.

170 Sunport Lane Suite 850

Orlando, FL 32809

Telephone: 407 851-2599 800 432-3838

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

Re: Corporation; dissolution of

Gentlemen:

Please find our Articles Of Dissolution for Professional Contacts, Inc. enclosed. There is also a check for \$43.75 attached. This is to cover the dissolution filing fee of \$35.00 as well as the certified copy fee of \$8.75. Please mail the certified copy to the above address, Attn: Charles Doyle.

Sincerely,


Charles A. Doyle, Vice President

8/11/03

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: Professional Contacts Inc.

SECOND: The date dissolution was authorized: June 30, 2003

THIRD: 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 vote 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

(voting group)

Signed this 11th day of August, 2003

Signature Charles A Doyle
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Charles A. Doyle

(Typed or printed name)

Vice President

(Title)

FILED
03 AUG 14 PM 1:57
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA