

V48600

(Joann Watson)
Whip-it Products, Inc

(Requestor's Name)

3059 Larkhall Place

(Address)

Milton, FL 32583

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

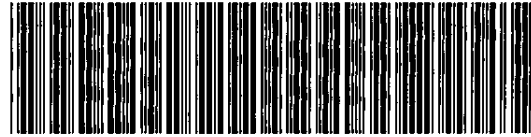
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/23/11--01019--023 **35.00

LD/w lth dth

DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

11 MAY 23 PM 1:17

FILED

TK 6-2-11

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:
WHIP-IT PRODUCTS, INC.

SECOND: The document number of the corporation (if known): **V48600**

THIRD: The date dissolution was authorized: **OCTOBER 1, 2010**

Effective date of dissolution if applicable: _____
(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

(voting group)

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11 MAY 23 PM 1:17
TALLAHASSEE, FLORIDA

Signature: *Joann Watson*
(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)

JOANN WATSON

(Typed or printed name of person signing)

SECRETARY/TREASURER

(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: WHIP-IT PRODUCTS, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

ACCOUNT NAME - ACCOUNT NUMBER

CLAIM AMOUNT \$ - ITEM/CLAIM DESCRIPTION

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

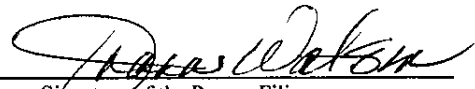
3059 LARKHALL PLACE

MILTON, FL 32583

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.

JOANN WATSON

Printed Name of the Person Filing


Signature of the Person Filing

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