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	Note: Piense print this page and use it as a cover sheet. Type the fax audit number (shown below) o top and bottom of all pages of the document. (((H12000069120 3)))	n the
	Now: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will gen another cover sheet. To: Division of Corporations Fax Number : (050) 617-6380 From: Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO Account Number : 076077001702 Phone : (407) 841-1200 Fax Number : (407) 423-1831	
AN 8: 04.	DISSOLUTION OR WITHDRAWAL DUDA PRODUCTS, INC.   Image: Certificate of Status 0   Description 02   Page Count 02   Estimated Charge \$43.75   SCL 000084/000142   Electronic Filing Menu Help	FILED 2012 MAR 16 AM 10: 21 SECRETARY OF STATE
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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:	
ł	DUDA PRODUCTS, INC.	I.	
SECOND:	The document number of the corporation (if known): 583341	, , 	
THIRD:	The date dissolution was authorized: March 14, 2012	• •	
i	Effective date of dissolution <u>if applicable:</u> (no more then 90 days after dissolution	m file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
, (	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	t for dissolution	
Í	Dissolution was approved by the shareholders through voting groups.	;	
•	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled	
	The number of votes cast for dissolution was sufficient for approval by	'	
	·	TALI	
	(voüng group)	2012 HAR 16 A SECRETARY O TALLAHASSEE	E
S	ignature: PLBUerth	ANTIO: 21 OF STATE EE, FLORID	0
	(By a director, president or other officer off 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)		
1	Palmer B. Weeks, Jr.		
	(Typed or printed name of person signing)		
	Vice President		
i-	(Title of person signing)		
 	Filing Fee: \$35		
i . <u>i</u>	(((H12000069120 3)))	;	

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## DEAN MEAD ORLANDO (((H120000691203)))

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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: Duda 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:

## Name of Claimant:

Address of Claimant:

Amount of Claim:

Basis of Claim:

÷.

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

P. O. Box 620257 Oviedo, FL 32762-0257

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

Signature of the Person Filing

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

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