

617597

(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



200038004612

06/21/04--01073--004 \*\*35.00

CLERK OF STATE  
TALLAHASSEE, FLORIDA

06 JUN 21 PM 4:01

FILED

PS 6/28/04  
D185

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Davis Smith & Associates, Inc.

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Joann Smith

(Name of Person)

(Name of Firm/Company)

1403 Maclay Commerce Dr., Ste. 15

(Address)

Tallahassee, FL 32312

(City/State/and Zip Code)

For further information concerning this matter, please call:

Joann Smith

(Name of Person)

at ( 850 ) 656-5724

(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, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## 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:

Davis Smith & Associates, Inc.

SECOND: The document number of the corporation (if known): 617597

THIRD: The date dissolution was authorized: 4/30/04

Effective date of dissolution if applicable: 4/30/04  
(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 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 15 day of June, 2004.

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)

Joann Smith

(Typed or printed name of person signing)

Director

(Title of person signing)

**Filing Fee: \$35**

04 JUN 21 PM 4:01  
FILED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA