## F31580

| (Re                     | equestor's Name)   |                    |
|-------------------------|--------------------|--------------------|
| (Ad                     | ldress)            |                    |
| (Ac                     | dress)             | <del></del>        |
| (Ci                     | ty/State/Zip/Phone | <del>&gt;</del> #) |
| PICK-UP                 | WAIT.              | MAIL               |
| (Ві                     | ısiness Entity Nan | ne)                |
| (Do                     | ocument Number)    | <del> </del>       |
| Certified Copies        | _ Certificates     | s of Status        |
| Special Instructions to | Filing Officer:    |                    |
|                         |                    |                    |
|                         |                    |                    |
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TALLAHASSEE, FLORIDA

Diss w notice Inactive Corp

## **COVER LETTER**

| <b>TO:</b> Amendment Section Division of Corporations   |  |
|---|--|
| SUBJECT: COR AVIATION,  | INC.   |
| DOCUMENT NUMBER: F31580   |  |
| The enclosed Articles of Dissolution and fe   | e are submitted for filing.  |
| Please return all correspondence concerning   | this matter to the following:  |
| JAMES L. BOLEN  | Product Description  |
| (Name of C  | Contact Person)  |
| (Firm   | /Company)  |
| 2320 NORTH ORANGE   | AVENUE   |
| ORLANDO, FL 32804   | ldress)  |
| (City/State   | e and Zip Code)  |
| For further information concerning this matt  | ter, please call:  |
| JAMES L. BOLEN  | at (407 ) 896-0054   |
| (Name of Contact Person)  | (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for the following amount  | nt:  |
| ■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status                                  | □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  □ \$43.75 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

## FILED SECRETARY OF STATE ARTICLES OF DISSOLUTION FALLAHASSEE, FLORIDA

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:  COR AVIATION, INC.   |  |  |
|---------|--|--|--|
| SECOND: | The document number of the corporation (if known): F31580  |  |  |
| THIRD:  | The date dissolution was authorized: JUNE 30, 2014   |  |  |
|         | Effective date of dissolution if applicable: JUNE 30, 2014  (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)   |  |  |
|         | 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 |  |  |
|         | JAMES L. BOLEN   |  |  |
|         | (Typed or printed name of person signing)  |  |  |
|         | PRESIDENT  |  |  |
|         | (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: COR AVIATION, 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, ADDRESS, DESCRIPTION AND AMOUNT OF CLAIM.   |
|   |
|   |
|   |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)   |
| JAMES L. BOLEN  |
| 2320 NORTH ORANGE AVENUE  |
| ORLANDO, FL 32804   |
| A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.         |
| JAMES L. BOLEN  |
| 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