

H44227

Requestor's Name
FABUWED METAL WORKS
6012 W. BOBHEAD RD
PLANT CITY, FL 33565
City/State/Zip

700002988147--4
-09/15/99--01086--007
*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS | |
|-------------|-------------------|
| | Profit |
| | NonProfit |
| | Limited Liability |
| | Domestication |
| | Other |

| AMENDMENTS | |
|-------------------------------------|--|
| | Amendment |
| | Resignation of R.A., Officer/ Director |
| | Change of Registered Agent |
| <input checked="" type="checkbox"/> | Dissolution/ Withdrawal |
| | Merger |

| OTHER FILINGS | |
|---------------|------------------|
| | Annual Report |
| | Fictitious Name |
| | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| | Foreign |
| | Limited Partnership |
| | Reinstatement |
| | Trademark |
| | Other |

FILED
99 SEP 15 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEWIS SEP 21 1999

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: FABUWELD METAL WORKS, INC.

SECOND: The date dissolution was authorized: December 8, 1999

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 10th day of September, 19 99

Signature

Laura M. Daniels

(By the Chairman or Vice Chairman of the Board, President, or other officer)

LAURA M. DANIELS

(Typed or printed name)

SECRETARY / TREASURER
(Title)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA