

Cote-Fried Associates Inc. P. O. Box 1148 Hollywood, Florida 33022

March 10, 1999

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

**400002802434--3**-03/11/99--01068--003
\*\*\*\*\*35.00 \*\*\*\*\*\*35.00

## Gentlemen:

Enclosed are the Articles of Dissolution pursuant to Section 607.1403 FS, a check in the amount of \$35 representing the dissolution filing fee, and the name and telephone number where I can be reached, if necessary:

Nona Fried, Director (954)454-2569 P. O. Box 1148 Hollywood, Florida 33022

Sincerely,

Ma Med

Nona Fried Cote-Fried Associates Inc.

AHASSEF SHEET SHEE



Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: COTE - FRIED ASSOC	ATE	3, INC
			÷
SECOND:	The date dissolution was authorized: 31/199		99 MAR
THIRD:	Adoption of Dissolution (CHECK ONE)	t	ARY OF
<b>7</b>		= =	0:5 0:5
	solution was approved by the shareholders. The number of votes cas sufficient for approval.	t for dis	solution
☐ Diss	colution was approved by vote of the shareholders through voting gro	oups.	
	The following statement must be separately provided for each voting another to vote separately on the plan to dissolve:	g <u>ro</u> up	
The	number of votes cast for dissolution was sufficient for approval by		
	(voting group)	<del></del>	
Signe	d this 10TH day of MARCH, 19	99	·
Signature _	(By the Chairman or Vice Chairman of the Board, President, or other officer)		1
	NONA FRIEX	· <del>-</del>	
	(Typed or printed name)		
	DIRECTOR		-
	(Title)		