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FILED
00 JAN 26 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 25, 2000

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

100003110861--5
-01/26/00--01039--001
*****48.75 *****48.75

RE: TREES HOLDINGS OF AMERICA, INC.

Dear Friends:

cert

Enclosed please find our firm check in the amount of \$48.75 for the filing of the enclosed Articles For Dissolution of Tree Holdings of America, Inc. Please provide us with a certified copy and a Certificate of Status.

Thank you for your assistance in this matter.

Sincerely yours,

*called Elizabeth 2/2
send cert + stamped copy
R/S*

Elizabeth O. Sanders
Elizabeth O. Sanders
Paralegal

/EOS
Enc.

*16 W/S
HCB 2-2*

ARTICLES FOR DISSOLUTION
OF
TREE HOLDINGS OF AMERICA, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mark Gluckman, the president of the above corporation, desiring to dissolve corporation for profit pursuant to the laws of the State of Florida, does hereby certify as follows:

- (1) The name of the Corporation is Tree Holdings of America, Inc.
- (2) On June 17, 1999 the dissolution of the corporation was authorized.
- (3) Pursuant to a Notice of Special Shareholder's Meeting, a Meeting was held on June 17, 1999. At such meeting the dissolution of the corporation was approved by the shareholders. The vote approving the dissolution was sufficient.

IN WITNESS WHEREOF, the undersigned, being the president of the Corporation, has hereunto set his hand and seal this 21st day of January, 2000 in pursuance of the corporation laws of the State of Florida and does certify that the facts set forth herein are true.

WITNESS:

Elizabeth O. Sanders

Mark Gluckman
Mark Gluckman, President

Jeramy E. Gluckman
STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 21st day of January, 2000, by the above named individual, who acknowledged the due execution of the foregoing for the purposes therein expressed.

- ☒ is personally known to me.
☐ produced a current Florida driver's license as identification.
☐ produced _____ as identification.

Elizabeth O. Sanders
Signature of Notary

ELIZABETH O. SANDERS
Name of Notary

My Commission Expires:

