

Requestor's Name **K33325**
 Address **K33325**
 City/State/Zip _____ Phone # _____
 Office Use Only

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

200002798522--3

-03/08/99-01149-007

*****43.75 *****43.75

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

FILED
 99 MAR -8 AM 11:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/ Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

OK K33325
 208 * cert copy
 voidless inactive corp
 3-8-99

Examiner's Initials

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: LEAVES INC.

✓ SECOND: The date dissolution was authorized: 3-31-98

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

The Board
(voting group)

Signed this 20th day of February, 19 99

Signature

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

LELA COLEY
(Typed or printed name)

PRESIDENT
(Title)