

Billing Department
Requester's Name
P. O. Box 6367
Address
Diamondhead, MS 39525
City/State/Zip Phone #

700003000177--3
-09/29/99--01046--001
*****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 #)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 SEP 29 AM 10:46

FILED

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

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

AMENDMENTS

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

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

70044
6/18/99
9-29-99
200

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: FEDERAL CONSUMER SERVICES, INC

SECOND: The date dissolution was authorized: 9-24-99

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:

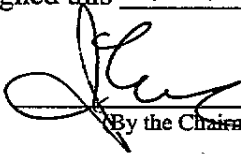
The number of votes cast for dissolution was sufficient for approval by

100%

(voting group)

Signed this 24th day of September, 19 99.

Signature



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

JAMES EBY

(Typed or printed name)

PRESIDENT

(Title)

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ALABAMA, FLORIDA