

K78368

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| Requestor's Name | |
| Address | |
| City/State/Zip | Phone # |

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-07/26/99--01091--014
*****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 | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

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

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT 18 AM 9:04

FILED

K78368
F21755
HP8
10-18-99
CM

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|---------------------|--|
| Examiner's Initials | |
|---------------------|--|



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 2, 1999

BATTERIES REC. SERVICES, INC.
9140 N.W. SOUTH RIVER DRIVE
MEDLEY, FL 33178

SUBJECT: BATTERIES RECOVERY SERVICES, INC.
Ref. Number: K78368

We have received your document for BATTERIES RECOVERY SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6916.

Carol Mustain
Corporate Specialist

Letter Number: 699A00039106

FILED
99 OCT 18 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9140 N.W. SOUTH RIVER DRIVE
MEDLEY, FL 33166
TEL.: 305-883-4953
FAX.: 305-883-0523

Batteries Recovery Services, Inc.

October 12, 1999

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O. BOX. 6327
TALLAHASSEE, FL 32314

Attn.: Ms. Carol Mustain

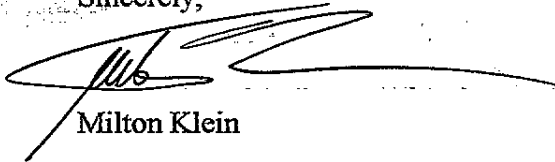
Re.: # k78368

Dear Ms. Mustain,

Thank you for taking the time to talk to me today. I finally was able to obtain a signed and notarized Articles of Amendment and Articles of Dissolution. The principals were out of the country and took me longer than expected to obtain their signatures.

I hope the enclosed documentation is sufficient. If you need additional information do not hesitate to call me.

Sincerely,



Milton Klein

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: BATTERIES RECOVERY SERVICES,
INC.

SECOND: The date dissolution was authorized: 6-14-1999

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 2 day of SEPTEMBER, 19 99.

Signature

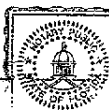
(By the Chairman or Vice Chairman of the Board, President, or other officer)

EDSON VIANA MOURA

(Typed or printed name)

SECRETARY

(Title)



MARIA LUISA SIMON
MY COMMISSION # CC 536101
EXPIRES: February 28, 2000
Bonded Thru Notary Public Underwriters

MARIA LUISA SIMON

BY EDSON VIANA MOURA KNOWN

PERSONALLY.