

FILED
Jan 03, 2019
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
DELRAY CHARTERS, INC.

SECOND: The document number of the corporation: K86982

THIRD: The date dissolution was authorized: December 31, 2018

FOURTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: TIM D. ONNEN PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

Name of Corporation:

DELRAY CHARTERS, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

ALL CLAIMS AGAINST THE ASSETS OF THE CORPORATION MUST BE MADE IN WRITING AND INCLUDE THE CLAIM AMOUNT, BASIS AND ORIGINATION DATE.

Mailing address where claims can be sent:

29 NE 4TH AVE.
DELRAY BEACH, FL 33483 US

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: TIM D. ONNEN

Electronic Signature of the Person Filing