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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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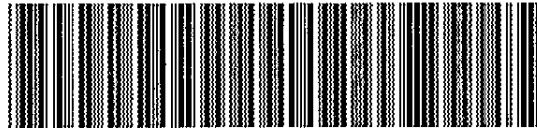
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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02/19/04--01018--002 \*\*98.75

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04 FEB 19 AM 9:47

DIVISION OF CORPORATION

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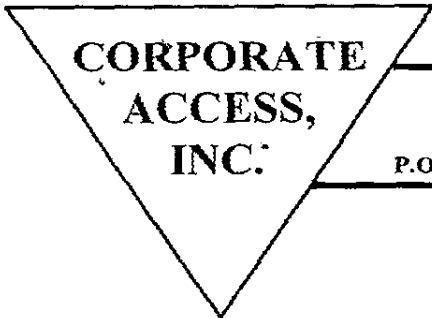
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AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature*

55.



236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

PICK UP 2-19-04 Kelly

☒ CERTIFIED COPY \_\_\_\_\_

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☒ FILING LLC

FILED  
04 FEB 19 AM 11:11  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

1.) Emida Mobile Systems, LLC  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS \_\_\_\_\_  
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**ARTICLES OF DISSOLUTION OF  
EMIDA MOBILE SYSTEMS, LLC,  
A FLORIDA LIMITED LIABILITY COMPANY**

FILED  
FEB 19 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to Section 608.445 of the Florida Limited Liability Company Act, the undersigned hereby adopts the following Articles of Dissolution:

1. The name of the limited liability company is Emida Mobile Systems, LLC (the "Company").
2. The effective date of the Company's dissolution is February 19, 2004.
3. The Company is being dissolved upon the written consent of all of its members.
4. All debts, obligations, and liabilities of the Company have been paid or discharged.
5. All the remaining property and assets of the Company have been distributed among its members in accordance with their respective rights and interests.
6. There are no suits pending against the Company in any court.

Date: February 10, 2004

**EMIDA MOBILE SYSTEMS, LLC**

By: \_\_\_\_\_

Rene Brillembourg, Administrator