

L05000042368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

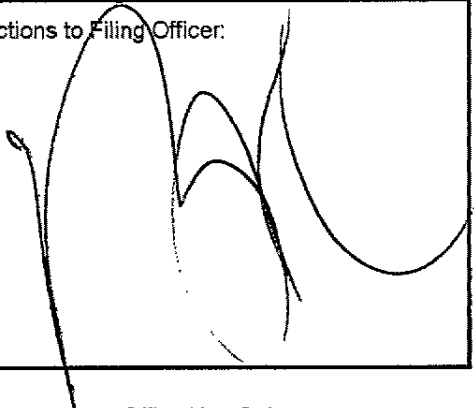
☐ MAIL

(Business Entity Name)

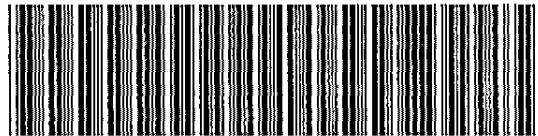
(Document Number)

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

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Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPT. OF REVENUE  
DIVISION OF REGISTRATION  
TALLAHASSEE, FLORIDA



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March 6, 2007

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S)**

Africa, LLC

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 07 MAR - 6 PM 2:37  
 TALLAHASSEE, FLORIDA  
 SECRETARY OF STATE

**Filing Evidence**

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**ARTICLES OF DISSOLUTION**

**AFTICA, LLC**

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TALLAHASSEE, FLORIDA

The undersigned, being the Sole Manager of AFTICA, LLC (the "Company"), a Florida limited liability company, in accordance with Florida Statutes §608.445 does hereby certify the following:

1. The name of the Company is AFTICA, LLC;
2. The Articles of Organization were filed on April 29, 2005 and assigned document number L05000042368.
3. The effective date of the dissolution of the Company is upon filing of these Articles of Dissolution with the Florida Department of State;
4. The Company is hereby being dissolved, pursuant to Florida Statutes §608.441(1)(c), upon the written consent action of the members of the Company;
5. All debts, obligations, and liabilities of the Company have been paid or discharged;
6. All the remaining property and assets have been distributed among the undersigned members in accordance with their respective rights and interests in the Company; and
7. There are no suits pending against the Company in any court.

  
ELLIOT S. BIGMAN