

L11382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

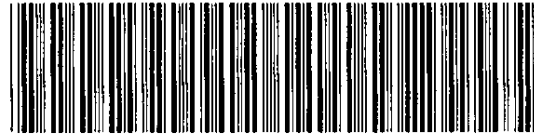
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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08/20/09--01004--009 **35.00

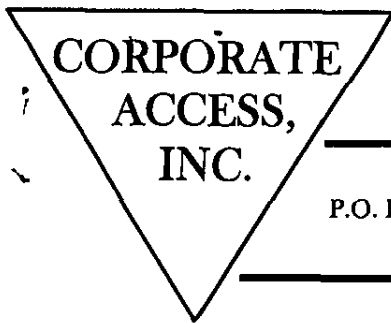
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diss
C.COULLIETTE

AUG 20 2009

EXAMINER



When you need ACCESS to the world

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: 8/20 Emily

☐ CERTIFIED COPY

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☒ FILING

Dissolution

1. Furniture Gallery of Orlando, Inc.
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF DISSOLUTION
OF
FURNITURE GALLERY OF ORLANDO, INC.

1. The name of the Corporation is Furniture Gallery of Orlando, Inc.
2. Dissolution of the Corporation was authorized on July 30, 2009, effective immediately.
3. Dissolution was approved by the directors of the Corporation and all of the shareholders of the Corporation pursuant to a Written Consent pursuant to Florida Statutes, which was sufficient for its approval.

Date July 30, 2009.

Furniture Gallery of Orlando, Inc.

Attest:

[Signature]
Erik Johnson, Secretary

By: [Signature]
Erik Johnson, President

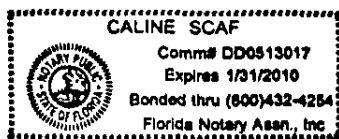
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SECRETARY OF STATE
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STATE OF FLORIDA

COUNTY OF Seminole

The foregoing instrument was acknowledged before me on July 30, July 31, 2009 2009, by ERIK JOHNSON, as President and Secretary of Furniture Gallery of Orlando, Inc., a Florida corporation, on behalf of the corporation. Said person did not take an oath and (check one)
☐ is personally known to me or ☒ produced a valid driver's license as identification.

FL DL# 5525 21469 9940



[Signature]
Print Name: Caline Scaf
Notary Public - State of Florida
Commission Number:
My Commission Expires: 1/31/10