

L12000092131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

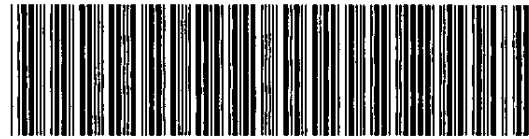
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/20/13--01002--015 **25.00

2013 AUG 19 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG 21 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATKO INVESTMENTS GROUP, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ABDELMOTI SALHAB

(Name of Person)

(Firm/Company)

6222 SOARING AVE

(Address)

TAMPA, FL 33617

(City/State and Zip Code)

For further information concerning this matter, please call:

ABDELMOTI SALHAB

(Name of Person)

at (352) 584-1411

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

p \$25.00 Filing Fee

p \$30.00 Filing Fee &
Certificate of Status

p \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

p \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

1. The name of a limited liability company is
NATKO INVESTMENTS GROUP, LLC

2. The Articles of Organization were filed on 7/16/12 and assigned document number
L12000092131

3. The date the dissolution was approved: 08/01/2013

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover letter).

NEVER COMMENCED BUSINESS

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

 POA.

Abdelmoti Salhab

POA for Natik Aldawood

DURABLE POWER OF ATTORNEY**DURABLE POWER OF ATTORNEY****ARTICLE I**

NOTICE: THIS POWER OF ATTORNEY IS A LEGAL DOCUMENT, AND PROVIDES THE ATTORNEY-IN-FACT WITH BROAD POWERS OVER THE PRINCIPAL'S PROPERTY UNLESS LIMITED BY THE TERMS OF THE POWER OF ATTORNEY ITSELF. THE POWERS GIVEN TO THE ATTORNEY-IN-FACT MAY EXIST FOR AN UNLIMITED PERIOD OF TIME UNLESS LIMITED BY THE TERMS OF THE POWER OF ATTORNEY ITSELF. THE PRINCIPAL MAY REVOKE OR TERMINATE THIS POWER OF ATTORNEY AT ANY TIME.

I, Natic AIDawoodi (hereinafter sometimes referred to as "Principal"), who resides at 12909 Rain Forest St, Temple Terrace, FL 33617, Tampa, Hillsborough County, Florida, hereby appoints Abdelmoti Samor Salhab, as my Attorney-in-fact.

EFFECTIVE DATE

This Power of Attorney shall be effective beginning immediately and ends when principal revokes the power.

SEVERABILITY

If any part of this Power of Attorney is held to be invalid under any law, the remainder of this instrument shall not be affected by such invalidity.

**ARTICLE II
DURABLE GENERAL POWER OF ATTORNEY**DURATION

This Durable Power of Attorney shall expire at such time as may be determined by the law, unless at such expiration date or I lack the capacity to make decisions for myself, in which case this Durable Power of Attorney shall continue in effect until the time when I regain the capacity to manage my affairs myself. I may revoke this power of attorney at any time as long as I am competent.

I give my Attorney-in-fact full power and authority to do anything I would be entitled to



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TALLAHASSEE, FL 32301

DURABLE POWER OF ATTORNEY

do myself, including but not limited to the following:

POWERS EXERCISABLE BY ATTORNEY

To lease, sell, exchange, convey and mortgage any of my real estate or parts of my real estate for whatever consideration and under whatever terms my Attorney-in-fact deems appropriate and proper.

To foreclose mortgages and to take title to real property in my name as my Attorney-in-fact deems appropriate and proper.

To execute, acknowledge and deliver deeds of real estate, deeds of trust, mortgages, releases and any and all other instruments relating to my real estate which my Attorney-in-fact deems appropriate and proper.

To sell any of my real, personal or other property on any terms, and to use the proceeds of such sale in any manner whatsoever.

To buy any real, personal, or other property on my behalf and on any terms.

To use, maintain, manage and insure my property in any manner.

To invest any of my money or other real or personal or other property in any manner.

To borrow money, use credit cards and accounts, mortgage, pledge or otherwise encumber any of my property.

To do anything I could do myself with regard to retirement and pension benefits or other benefits of employment, and Social Security benefits. I designate my Attorney-in-fact as representative Payee for my Social Security benefits.

To do anything I could do myself with regard to bank accounts, accounts at savings and loan institutions, credit unions and any other institution, including opening, modifying and closing such accounts and signing and endorsing checks or drafts of all kinds.

To do anything I could do myself with regard to safe deposit boxes, including opening and closing such boxes.

To do anything I could do myself with regard to life insurance policies on



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DURABLE POWER OF ATTORNEY

myself or anyone else in whom I may have an insurable interest.

To do anything I could do myself with regard to trusts created by me or which exist for my benefit.

To do anything I could do myself with regard to any tax matters or tax returns, including the power to sign any power of attorney form required by the Internal Revenue Service or any other federal, state or local tax authority.

To do anything I could do myself with regard to any legal suit, action or claim.

To do anything I could do myself with regard to the operation of any business or any interest in any business I may have.

To do anything I could do myself with regard to Health Care delivery, including but not limited to receiving benefits, exercising any rights or privileges afforded to me by State and/or Federal laws, and access to health care records.

To make gifts of my money or property to any person, or to lend my money or other property to any person on any terms whatsoever.

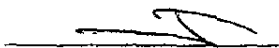
In addition to the powers enumerated above, I give my Attorney-in-fact full power and authority to perform whatever acts are necessary to be done in the premises, and I hereby ratify and confirm any and every act my Attorney-in-fact may lawfully do, acknowledging such acts as my own.

A photocopy of this instrument shall be deemed an original for all purposes.

POWERS NOT EXERCISABLE BY ATTORNEY

Attorney shall not have the power to undertake the following acts on behalf of the Principal:

1. Vote a proxy given by a person to another person with respect to the exercise of voting rights;
2. Make a Will or Codicil to a Will for Principal or revoke Principal's Will or Codicil; or change, modify or direct the revocable Living Trust of the Principal;
3. Exercise any powers under any revocable or irrevocable trust of which the Principal is the creator and/or the Trustee, including the revocation or amendment



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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

DURABLE POWER OF ATTORNEY

thereof, except that Attorney may act and exercise any powers with respect thereto which are granted to him or her personally by the terms thereof;

4. Exercise any power in any way to discharge any legal obligation that Attorney may have.

**ARTICLE III
REVOCATION OF PRIOR POWERS OF ATTORNEY**

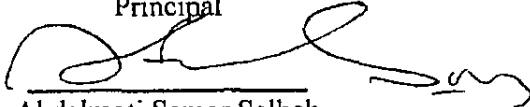
This power of Attorney revokes any prior Durable General Power of Attorney executed previously by the Principal.

**ARTICLE IV
SIGNATURE BY PRINCIPAL**


IN WITNESS WHEREOF, I have executed this Power of Attorney on June 13, 2013.




Natic AlDawoodi
Principal



Abdelmoti Samor Salhab
Attorney-in-fact



Witness Mohammad Suwayty



Witness Joseph Salhab

DURABLE POWER OF ATTORNEY

**STATE OF FLORIDA
COUNTY OF HILLSBOROUGH**

SUBSCRIBED AND SWORN before me, Nouruldeen Salhab, a Notary Public, duly appointed, commissioned and qualified in and for said County and State; personally appeared **Natik Aldawoodi**, the above named **Affiant**, who presented the British Passport Number 502980500, and who is known (or sufficiently proven to be said affiant), and who acknowledged execution of the foregoing instrument for the purposes contained therein.

IN TESTIMONY WHEREOF, I have hereunto set my Hand and Notaries seal at Hillsborough County, on this, the 13th day of June 2013.



NOURULDEEN SALHAB
MY COMMISSION # DD 911639
EXPIRES: August 23, 2013
Bonded thru Budget Notary Services

Notary Public

Nour Salhab

My Commission expires:

8/23/2013

SECRETARY OF
TALLAHASSEE, FLORIDA

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