

L.16702

FILED

99 JAN 13 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Requestor's Name

W. Abelson
2295 Saratoga Ln.
W. Palm Beach, FL 33409

City/State/Zip

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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-12/21/98--01115--005
*****35.00 *****35.00

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

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., 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 Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

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

1-13-99

Examiner's Initials

CC



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 6, 1999

W. ABELSON
2295 SARASOGA LANE
WEST PALM BEACH, FL 33409

SUBJECT: COPANS A, INC.
Ref. Number: L16702

We have received your document for COPANS A, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 599A00000453

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: _____

Copans A, Inc.

SECOND: The date dissolution was authorized: NOV. 16, 1998

THIRD: Adoption of Dissolution (CHECK ONE)

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

☐ Dissolution was approved by vote of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

_____ Copans A, Inc.
(voting group)

Signed this X 17th day of X Dec. X 19 98

Signature X

Millicent Abelson

(By the Chairman or Vice Chairman of the Board, President, or other officer)

MILLICENT ABELSON

(Typed or printed name)

X Pres.

(Title)

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NOV 18 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA