

Charter Number Only

L40646

8/13/97.

Requestor's Name
Alfredo Sanchez
Address
5200 S.W. 8th Street #202A
Miami, FL 33134
City State ZIP Phone
445-9025

VALIDATION ONLY

700002267107--0
-08/14/97--01068-018
*****87.50 *****87.50

CORPORATION(S) NAME

Nkita Video Club, Inc.



Empire Toll Free: 1-800-432-3028

97 AUG 14 PM 2:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

- | | | |
|---|---|---|
| ☐ Profit | ☐ Amendment | ☐ Merger |
| ☐ NonProfit | ☒ Dissolution | ☐ Mark |
| ☐ Foreign | ☐ Annual Report | ☐ Other |
| ☐ Limited Partnership | ☐ Reservation | ☐ Change of Registered Agent |
| ☐ Reinstatement | ☐ Photo Copies | ☐ Certificate Under Seal |
| ☐ Certified Copy | ☐ Call if Problem | ☐ After 4:30 |
| ☒ Call When Ready | ☐ Will Wait | ☒ Pick Up |
| ☒ Walk In | | ☐ Mail Out |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CR2E031 (R8-85)

8/14
Vol. Diss
C.C.

RECEIVED
97 AUG 14 AM 11:06

ARTICLES OF DISSOLUTION

FILED
97 AUG 14 PM 2:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

FIRST: The name of the corporation is: NKITA VIDEO CLUB INC.

SECOND: The date dissolution was authorized: AUGUST 12, 1997.

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

_____ (voting group).

Signed this 12TH day of AUGUST, 19 97.

NKITA VIDEO CLUB INC.
(Corporation Name)

By Maria A. Ramirez
(Chairman or Vice Chairman of the Board, President, or other officer)

MARIA A. RAMIREZ
(Typed or printed name)

PRESIDENT.
(Title)

Prepared By: Alfredo Sanchez, Accountant
6200 SW 8 Street, Suite 207A
Coral Gables, FL 33134
(305) 445-9025