

NO10000001612

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09 NOV 17 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E Roberts NOV 17 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2009

DR. ROHN KESSLER
9240 SABLE RIDGE CIRCLE APT A
BOCA RATON, FL 33428

SUBJECT: HASIDIGRAPHIX, INC.
Ref. Number: N01000001612

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

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 409A00032679

RECEIVED

2009 NOV 17 AM 8:00

DIV. OF STATE
ISSUE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Hasidigraphix, Inc.

DOCUMENT NUMBER: EIN 65-1082536.

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr Rohn Kessler

(Name of Contact Person)

Hasidigraphix, Inc

(Firm/Company)

9240 Sable Ridge Circle, Unit A

(Address)

Boca Raton, FL 33428.

(City/State and Zip Code)

For further information concerning this matter, please call:

Dr Rohn Kessler

(Name of Contact Person)

at (561) 859-4060

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

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

ARTICLES OF DISSOLUTION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Hasidigraphix, Inc.

SECOND: The document number of the corporation (if known): _____

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☒ The date of the meeting of members at which the resolution to dissolve was adopted
May 20, 2009. The number of votes cast by the
members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in
accordance with section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was _____.

The number of directors in office was _____ and the vote for resolution was

_____ for and _____ against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: May 20, 2009.
(no more than 90 days after dissolution file date)

Signature Dr. Rohn Kessler
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Dr Rohn Kessler.
(Typed or printed name of the person signing)

President.
(Title of person signing)

FILING FEE: \$35