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(Re	questor's Name)	\ <u>**</u>	•
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(Cit	y/State/Zip/Phone	#)	•
PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		
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TALLAHASSEE FLORIDA

TO: Amendment Section Division of Corporations
SUBJECT: Articles of Disalusion
DOCUMENT NUMBER: <u>NO100007201</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Holladay (Name of Contact Person) All Star Music Festivals/Straight A Tours (Firm/Company) 6881 Kings Pointe PKWY Suite 18 (Address) Orlando FL 32819 (City/State and Zip Code) For further information concerning this matter, please call:
Michael Holladay at (407) 896-1242 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
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MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: All Star Music Festivals
SECOND:	The document number of the corporation (if known): <u>NO1000</u> 0720
THIRD:	The file date of the articles of incorporation: $10/09/01$
FOURTH:	(CHECK AT LEAST ONE BOX)
	☐ None of the corporation's shares have been issued. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
	The corporation has not commenced business. No debt of the corporation remains unpaid.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	(By a director, president or other officer- if directors or officers have not been selected, by an incorporator - if
	in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of Person Signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.