N02000007901

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COVER LETTER

Division of Corporations
SUBJECT: DISSOLVE Company
DOCUMENT NUMBER: N0200007901
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sharon Thomson (Name of Contact Person)
M.E. Flyers Inc.
735 S. Airpark Rd 9C (Address) Edgewater, FL 32/32 (City/State and Zip Code)
(Address)
Edgewater, FL 32132
(City/State and Zip Code)
For further information concerning this matter, please call:
Sharon Thomson (281) 840-1231
(Name of Contact Person) (Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:
Stiling Fee \$\times \text{\$43.75 Filing Fee & Certificate of Status}\$\$ \[\begin{array}{c ccccccccccccccccccccccccccccccccccc
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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:
	M.E. Flyers, Inc.
SECOND:	The document number of the corporation (if known): NO20000 790 /
THIRD:	The file date of the articles of incorporation: $\frac{Oct}{12}$, $\frac{2002}{2002}$
FOURTH	The corporation has not commenced to conduct its affairs.
FIFTH:	No debts of the corporation remains unpaid.
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)
	The dissolution was authorized by a majority of the directors:
	☐ The dissolution was authorized by an incorporator.
	☐ The dissolution was authorized by a majority of the incorporators.
Signa	(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) SHARON THOMSON (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35