# N03000009319

(Requestor's Name)				
(Address)				
,				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
·				
(Business Entity Name)				
,				
(Document Number)				
,,				
Certified Copies Certificates of Status				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

Correcto Name



900093764449

03/22/07--01043--011 \*\*35.00

O7 MAR 22 MI II: 53
SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

Diss.

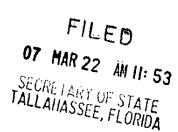
## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Articles of Dissolution				
DOCUMENT NUMBER: N0300000 9319				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Cari Wheat				
(Name of Contact Person)				
BFOCASD Inc.				
(Firm/Company)				
743 Conestee Dr.				
(Address)				
West Melbourne, FL 32904				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Cari Wheat at (32) 127-1028				
(Name of Contact Person) (Area Code & DaytimeTelephone Number)				
Enclosed is a check for the following amount:				
\$35 Filing Fee \$\times \$43.75 Filing Fee & \$\times \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)  \$\times \$35 Filing Fee & \$\times \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)				

MAILING ADDRESS:
Amendment Section

Ŷ,

STREET ADDRESS:
Amendment Section



### ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following

Articles of Dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: BFOCASD INCORPORATED The document number of the corporation (if known): N0310000939 SECOND: Adoption of Dissolution THIRD: (Complete Section I or II) SECTION I If the corporation has members entitled to vote: The date of the meeting of members at which the resolution to dissolve was adopted December 6,2006. (CHECK ONE) The number of votes cast for dissolution was sufficient for approval. The resolution was adopted by written consent and executed in accordance with 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:	danuary	1,200r
		(no more than 90 days after dis-	solution file date)
		<u>.</u>	
	Signature ( (By the chairman or vice chairman o	f the board, president or other	_
	officer- if directors have not been sel	ected, by an incorporator- if in	
	the hands of a receiver, trustee, or of by that fiduciary.)	ner court appointed fiduciary,	
		1	
	_ Cari Wheo	<u>ut</u>	
	(Typed or printed name of	the person signing)	
	President		
	TYESIAENT (Title of person s	signing)	
	(::::oo person :	··· · · · · · · · · · · · · · · · · ·	

FILING FEE: \$35