NO400000189

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

Office Use Only

M. Le. 15.06



800075659248

06/12/06--01028--003 **35.00

SECRETARY OF STATE

FILED 06 JUN 12 AM 10: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

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: | | |
|---------|---|--|--|
| | Gulf Coast Shih Tzu Resaue, Inc. | | |
| SECOND: | The document number of the corporation (if known): NOVCCCCCC 789 | | |
| THIRD: | Adoption of Dissolution (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 4/80/06. | | |
| | (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 4/89/06 | | |
| | 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: | 51106 |
|---------|---|---|
| | | (no more than 90 days after dissolution file date) |
| | | |
| | | |
| | | |
| | | |
| | $a \sim a$ | .0 |
| | Signature Storm | ind |
| | (By the chairman or vice chairman of officer- if directors have not been selections.) | the board, president or other ected, by an incorporator, if in |
| | the hands of a receiver, trustee, or other | |
| | by that fiduciary.) | |
| | | |
| | | |
| | leann M. Lu | nd |
| | (Typed or printed name of | the person signing) |
| | | |
| | Eveniture M | ronter |
| | (Title of person s | ionina) |

FILING FEE: \$35

400