N-04000010248

(D-		· · · · · · · · · · · · · · · · · · ·
(Re	equestor's Name)	
		•
(Ad	ldress)	
(Ad	ldress)	·
(Cit	ty/State/Zip/Phone	- #\
(5)	yrotaterziph none	Σπ)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	
(= ::		,
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officers	
Special instructions to	riling Officer.	
		1

• 1

Office Use Only



900166273269

02/03/10--01006--027 **35.00

TILED

10 FEB -3 PH I2: 22

36 JE SEP STATE

ALLAMASSEE FLORID

\$ 3/3° A

COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: DISSOLUTION of Curporation
DOCUMENT NUMBER: <u>No400010248</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Karen Fox (Name of Contact Person)
(Name of Contact Person) Quik-Aid Inc. (Firm/Company)
(Firm/Company)
239 Shell Falls Drive
Apollo Beach FL. 33572
(City/State and Zip Code)
For further information concerning this matter, please call:
Karen Fox at (727) 498-8956
(Name of Contact Person) (Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$52.50 Filing Fee, \$\bigcom \\$Certificate of Status & \$\bigcom \\$Certified Copy & \$\bigcom \\$Certified C
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

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: QUIK-AID TNC.			
SECOND:	The document number of the corporation (if known): No400010248			
THIRD:	Adoption of Dissolution (COMPLETE SECTION LOR II)			
	SECTION I If the corporation has members entitled to vote: (CHECK/COMPLETE ONE)			
	(CHECK/COMPLETE ONE)			
	The date of the meeting of members at which the resolution to dissolve was adopted			
	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:
	(no more than 90 days after diss
	Signature (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.)
	(Typed or printed name of the person signing)
	President
	(Title of person signing)

FILING FEE: \$35