

N05000001384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

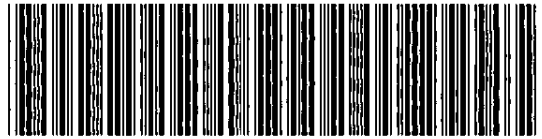
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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04/17/08--01020--024 **35.00

FILED
08 MAY -2 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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5/5/08
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2008

JASON DIAMOND
P. O. BOX 740907
BOYNTON BEACH, FL 33474-0907

SUBJECT: NO DAVIE COMMONS, INC.
Ref. Number: N05000001384

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

Articles of Dissolution for a nonprofit corporation must comply with either section 617.1401 or 617.1403, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 408A00024485

RECEIVED
2008 MAY -2 AM 8:08
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
OFFICE OF THE SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corp.

DOCUMENT NUMBER: 05 00000 1384

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NO DAVID COMMUN, Inc
(Name of Contact Person)

(Firm/Company)

4421 Hollywood Blvd
(Address)

Hollywood, FL 33021
(City/State and Zip Code)

For further information concerning this matter, please call:

JAN DIAMOND at (954) 557-5700
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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

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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:

NO DAVID COMMERS, INC.

SECOND: The document number of the corporation (if known): NO500002 1384

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(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

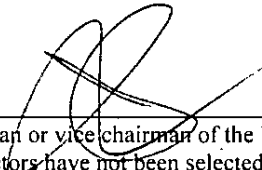
If the corporation has no members or members entitled to vote on the dissolution:

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 4/1/08

The number of directors in office was 1 and the vote for resolution was 1 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: 4/1/02
(no more than 90 days after dissolution file date)

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.)

JASON DIAMUND
(Typed or printed name of the person signing)

Pres.
(Title of person signing)

FILING FEE: \$35