

No9000000090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

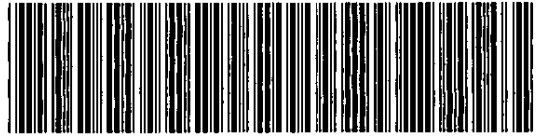
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/10/10--01011--009 **35.00

10 MAR 10 PM 12:56

241 550

Volders

RECEIVED MAR 11 2010

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:

BLACK CAB EXPRESS INC.

SECOND: The document number of the corporation (if known): N09000000090

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 02/11/2010.

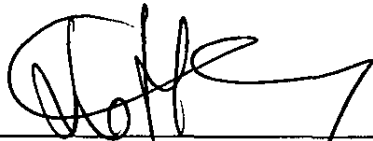
The number of directors in office was 1 and the vote for resolution was

1 for and 0 against. (must be a majority vote)

10 MAR 10 PM 12:56
FILED

FOURTH: Effective date of dissolution if applicable: 02/13/2010
(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.)

YOUSSEF LOTFI

(Typed or printed name of the person signing)

DIRECTOR

(Title of person signing)

FILING FEE: \$35