

Handwritten signature: Marshall

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : GUNSTER, YOAKLEY & STEWART, P.A.
Account Number : 076117000420
Phone : (561) 650-0728
Fax Number : (561) 671-2527

Handwritten: MD WIN 1

JUN 12 2014

R. WHITE

DISSOLUTION OR WITHDRAWAL
CYPRESS EQUITY FUND MANAGEMENT CORP.

Certificate of Status	0
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CORPORATION

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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:
Cypress Equity Fund Management Corp.

SECOND: The document number of the corporation (if known): N94000003341

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 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 dissolution file date)

Signature: Pamela Murphy
(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)

Pamela Murphy
(Typed or printed name of person signing)
Vice President / Treasurer
(Title of person signing)

Filing Fee: \$35

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Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Cypress Equity Fund Management Corp.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

- 1. Name address and telephone number of the claimant. _____
- 2. The amount of the claim. _____
- 3. The date on which the event on which the claim is based occurred. _____
- 4. A brief description of the nature of the debt or the basis for the claim. _____
- 5. The documentation for the claim. _____

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Pamela S. Murphy, CPA, VP Finance and Accounting
Enterprise Florida
800 N. Magnolia Ave., Ste. 1100
Orlando, FL 32803

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Pamela Murphy
Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00