N94C	0003566
(Requestor's Name) (Address)	000142982280
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	02/09/0901022003 ***43.75
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2009 MAR -4 AM 9: 51 SECRETARY OF STATE TALLAHASSEE.FLORIDA
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 13, 2009

Patricia M. Whatley Tajiri Arts Incorporated 782 Heritage Lakes Drive Jacksonville, FL 32218

SUBJECT: TAJIRI ARTS INCORPORATED Ref. Number: N94000003566

We have received your document for TAJIRI ARTS INCORPORATED and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

The document must have original signatures.

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) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 709A00005290

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

COVER LETTER

TO: Amendment Section Division of Corporations

3, Incorporated SUBJECT: DOCUMENT NUMBER: 9400000 35

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

Please return all correspondence concerning this matter to the following:

(Name of Contact Person) Drpova irm/Company) Address) 2218 Code)

For further information concerning this matter, please call: (Name of Contact Person) (Area Code & DaytimeTelephone Number)

Enclosed is a check for the following amount:

□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Statu

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

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

enclosed) In STR DDRESS:

previous opplication.

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:

ncorporated Hrts. <u>1ri</u> The document number of the corporation (if known): N94000 0035 66

SECOND:

THIRD: Adoption of Dissolution (COMPLETE SECTION I OR ID

SECTION I If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

X The date of the meeting of members at which the resolution to dissolve was adopted

members was sufficient for approval.

_. The number of votes cast by the

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

_____ against. (must be a majority vote) for and ____

FOURTH:

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Effective date of dissolution if applicable:

(no more than 90 days after dissolution file date)

LIA. Signature

(By the chairman or vice chairman of the board, president or othe officer- if directors have not been selected, by an incorporatorif the hands of a receiver, trustee, or other court appointed fiducing, by that fiduciary.)

<u>tatric</u> yped or printed name of the person signifi (Title of person signing)

FILING FEE: \$35