

P00000002474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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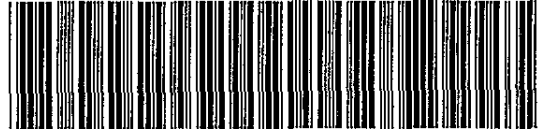
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/08/03--01030--004 **35.00

FILED
03 MAY -8 AM 9 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/1

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: THE MCILWAIN CORPORATION
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of dissolution and a check for:

\$ 35.00

Filing Fee

FROM: KIMBERLY MCILWAIN
Name (printed or typed)
8751 DORIS LN.
Address
NEW PORT RICHEY, FL 34654
City, State & Zip
(727) 841-0186
Daytime Telephone Number

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED
03 MAY - 8 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is: THE MCILWAIN CORPORATION

SECOND: The date dissolution was authorized: 05-06-2003

THIRD: Adoption of Dissolution (CHECK ONE)

- ☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- ☐ Dissolution was approved by vote of the shareholders through voting groups.

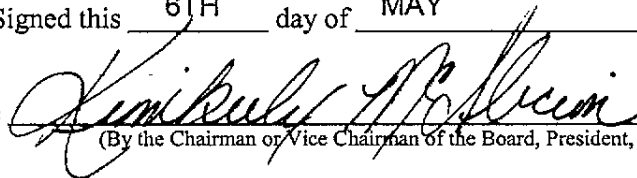
The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 6TH day of MAY, 2003

Signature



(By the Chairman or Vice Chairman of the Board, President, or other officer)

KIMBERLY MCILWAIN

(Typed or printed name)

SHAREHOLDER/PRESIDENT/DIRECTOR

(Title)