

P000000039676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

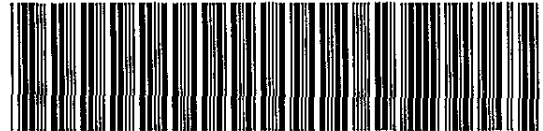
(Document Number)

Certified Copies _____

Certificates of Status ☒

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000066559630

03/01/06--01022--019 **43.75

EFFECTIVE DATE
3-15-06

FILED
06 MAR - 1 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VD
2h 3/9/06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Voluntary Dissolution of Company

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Michael Shawn Burns

(Name of Contact Person)

Michael Shawn, Inc.

(Firm/Company)

P.O. Box 23537

(Address)

Fort Lauderdale, FL 33307

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael S. Burns

(Name of Contact Person)

at (954) 565-5995

(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

ARTICLES OF DISSOLUTION

EFFECTIVE DATE

3-15-06

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

FIRST: The name of the corporation as currently filed with the Florida Department of State:

MICHAEL SHAWN, INC.

SECOND: The document number of the corporation (if known): 900000039676

THIRD: The date dissolution was authorized: 02/22/06

Effective date of dissolution if applicable: 03/15/06

(no more than 90 days after dissolution file date)

FOURTH: 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 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)

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Michael Shawn Burns

(Typed or printed name of person signing)

President

(Title of person signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35