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COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: ARTICLES OF DISSOLUTION, JAKARI ASSOCITUE,
DOCUMENT NUMBER: P0000041247
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JOHN KARIBO (Name of Contact Person)
JAKARI ASSOCIATES, INC. (Firm/Company)
(Firm/Company)
4209 TIMUQUANA RP. (Address)
JACKSONVILLE, FL 32210 (City/State and Zip Code)
For further information concerning this matter, please call:
JOHN KARIBO at (904) 291 7316 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Striling Fee \$\ \$\ \text{\$\ \text
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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	:
	JAKARI ASSOCIATES, INC.	
SECOND:	The document number of the corporation (if known): P600004124	7
THIRD:	The file date the articles of incorporation: MAY 12, 2000	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	2
FIFTH:	No debt of the corporation remains unpaid.	בי ה
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	רבט
SEVENTH:	: Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Sign	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) (Typed or printed name of person signing)	r-if
	TRESIDENT (Title of Person Signing)	