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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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### **COVER LETTER**

Division of Corporations		
SUBJECT: AIR EXPRESS FLORIDA FIX.		
DOCUMENT NUMBER: 8 000000 4/620		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
PAUL SELINAS		
(Name of Contact Person)		
(Firm/Company)		
P.O. Box 61122 (Address)		
LONG MEADOW MA 01116		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
KEITH T. GRUMER, ESQ. at (954) 713-2700  (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
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(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

Certified Copy (Additional copy is

enclosed)

## GRUMER & MACALUSO, P.A.

ATTORNEYS AT LAW
ONE EAST BROWARD BOULEVARD

SUITE 1501

FORT LAUDERDALE, FLORIDA 33301

BROWARD (954) 713-2700 DADE (305) 682-4941 TELEFAX (954) 713-2713

March 18, 2010

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

Re: <u>Air Express Florida Inc.</u>

Document Number P00000041620

Dear Sir/Madame:

Enclosed please find the Cover Letter, Articles of Dissolution and Notice of Corporation Dissolution in the above referenced corporation. Further enclosed is our check number 6286 in the amount of \$35.00 representing your filing fee.

Please process this dissolution upon receipt of these documents.

Thank you for your courtesy and consideration to this matter. If you have any questions or comments, please feel free to contact me.

Sincerely yours,

REITH T. GRUMER

KTG:led Enclosures



March 24, 2010

Paul Gelinas P.O. Box 61122 Long Meadow, MA 01116

SUBJECT: AIR EXPRESS FLORIDA, INC.

Ref. Number: P00000041620

We have received your document for AIR EXPRESS FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Letter Number: 610A00007245

Annette Ramsey Regulatory Specialist II

### ARTICLES OF DISSOLUTION

Pursuant to section 607:1403, Florida Statutes, this Florida profit corporation submits the of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of The document number of the corporation (if known): 400000 4/620 SECOND: The date dissolution was authorized: \_ THIRD: Effective date of dissolution if applicable: (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 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)

Filing Fee: \$35

(Title of person signing)

# **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. 607.1407, F.S.
This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation: A/N-MAMOR Florida, //il
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
80hg 61122
BORG 6/122 BORG MADOW, MASS 01116
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
ann a 1 - 1100 Parish, Police
Printed Name of the Person Filing  Signature of the Person Filing