

P00000058219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

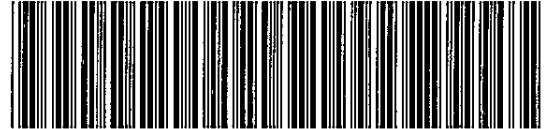
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/29/05--01003--027 \*\*140.00

FILED  
05 APR 29 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
05 APR 29 AM 9:29  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*Yolter gave  
permission  
to change  
name &  
statute #*

*AR 5/2/0*

*X00789, 00721, 00524, 00672*

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. EM Yacht Care & Management, Inc.  
(Corporation Name) (Document #) PO0000058219
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF DISSOLUTION

PURSUANT TO SECTION 607.1403, FLORIDA STATUTES, 05 APR 29 2005  
UNDERSIGNED CORPORATION SUBMITS THE FOLLOWING ARTICLES OF DISSOLUTION. 4: 26

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: THE NAME OF THE CORPORATION IS:

**EM YACHT CARE & MANAGEMENT** INTERNATIONAL, INC.  
(DOCUMENT # P00000058219)

SECOND: THE NAME AND ADDRESS OF THE CURRENT OFFICERS AND DIRECTORS ARE:

DIRECTOR:

ERICK MAITRE  
1720 SW 12TH CT.  
FT. LAUDERDALE, FL33312

THIRD: ALL DEBTS, OBLIGATIONS AND LIABILITIES OF THE CORPORATION HAVE BEEN PAID.

FOURTH: NO PROPERTY REMAINING FOR DISTRIBUTION TO THE SHAREHOLDERS AFTER APPLYING IT TO THE PAYMENT OF LIABILITIES AND OBLIGATIONS OF THE CORPORATION.

FIFTH: THERE ARE NOT ACTIONS PENDING AGAINST THE CORPORATION IN ANY COURT.

SIXTH: THE CORPORATION HAS ELECTED TO DISSOLVE BY ACT OF THE CORPORATION. A COPY OF THE CORPORATE RESOLUTION IS ATTACHED. SUCH RESOLUTION WAS ADOPTED BY ALL THE SHAREHOLDERS OF THE CORPORATION ON APRIL 22, 2005

DATED: APRIL 22, 2005

EM YACHT CARE & MANAGEMENT, INC.

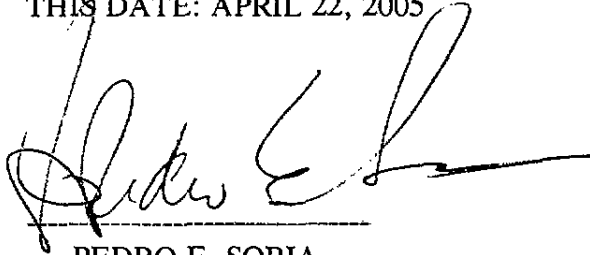
  
ERICK MAITRE  
DIRECTOR INCORPORATOR

STATE OF FLORIDA

COUNTY OF BROWARD

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED **ERICK MAITRE**, TO ME WELL KNOWN TO BE THE PERSONS WHO EXECUTED THE FOREGOING ARTICLES OF DISSOLUTION AND ACKNOWLEDGED BEFORE ME, ACCORDING TO LAW, THAT **ERICK MAITRE**. MADE AND SUBSCRIBED THE SAME FOR THE PURPOSES THEREIN MENTIONED AND SET FORTH.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND SEAL  
THIS DATE: APRIL 22, 2005



PEDRO E. SORIA  
Notary Public  
State of Florida at Large

