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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone) #)
PICK-UP	∏ waπ	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Addisso



Post Office Box 30242 * Fort Lauderdale * Florida 33303* Telephone: (954) 925-7361 * Telefax: (954) 925-7362

December 31, 2002

Florida Department of State 409 East Gaines Street Tallahassee, FL 33099

Re: Aro Motor Corporation

Gentlemen:

Enclosed please find our check in amount of \$ 52.50 as your fee for dissolving our corporation. This amount breaks down as follows:

Dissolution filing fee: \$35.00; Certificate of Status: \$8.75; Certified copy of Dissolution: \$8.75.

Please forward certificate of Status and certified copy of dissolution.

Sincerely yours,

President

ARTICLES OF DISSOLUTION

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

FIRST:	The name of the corporation is: Aro Motor Corporation		
SECOND:	The date dissolution was authorized: December 31, 2002		
THIRD:	Adoption of Dissolution (CHECK ONE)		
	ssolution was approved by the shareholders. The number of votes cast for sufficient for approval.	dissolution	
☐ Di	ssolution 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:	9	
Th	e number of votes cast for dissolution was sufficient for approval by	O3 JAN SECRET	
	(voting group)	-2 -2	_
Si	gned this 31st day of December , 2002		
Signature	(By the Chairman or Vice Chairman of the Board, President, or other officer)	: 26 ATE RIDA	
	O.R. Spaten		
	(Typed or printed name) President (Title)		