

PO1000006158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

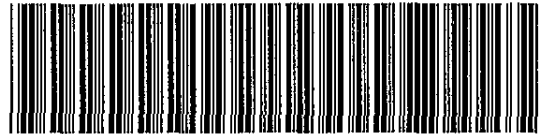
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/27/02--01045--015 **52.50

FILED
02 NOV 27 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FL 32304

Voldis
T. Lewis 12/6/02

OCEAN RAY, INC.

P.O. Box 554
Defuniak Springs, FL 32435
Tel. 1-877-369-3553
Fax. 1-850-892-5611
www.oceanray.com

Date: 11-25-02

Division of Corporations
Florida Department of State
PO Box 6327
Tallahassee, FL 32314

Please find enclosed a check for \$52.50 to cover the filing fees (\$35.00), a certified copy (\$8.75) and certificate of status (\$8.75) for the dissolution of Ocean Ray, Inc.

Please send documents to our mailing address as listed below:

Ocean Ray, Inc.
PO Box 554
DeFuniak Springs, FL 32433

Thank you,


Lynden Cox
President

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: OCEAN RAY, INC.

SECOND: The filing date of the articles of incorporation was: JANUARY 17, 2001

THIRD: (CHECK ONE)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

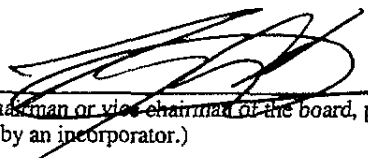
SIXTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 25 day of NOVEMBER, 2002.

Signature


(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

LYNDEN COX

(Typed or printed name)

PRESIDENT

(Title)

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TALLAHASSEE, FLORIDA