Po 10000/0406

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COVER LETTER

·
TO: Amendment Section Division of Corporations
SUBJECT: Place Company is isactive statu
DOCUMENT NUMBER: <u>P01000010406</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marikee Ortis (Name of Contact Person)
Klordyke Couriee Corp. (Firm/Company)
(Firm/Company)
18366 S.W. 136th Come
(Address)
Meani, Florida 33/77
(City/State and Zip Code)
For further information concerning this matter, please call:
Maine of Contact Person) at (786) 242-3977 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\ \begin{array}{ c c c c c c c c c c c c c c c c c c c
MAILING ADDRESS: STREET ADDRESS:
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION

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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:
	Klondyke Course Corp.
SECOND:	The document number of the corporation (if known): PO1000010406
THIRD:	The file date of the articles of incorporation: $1/26/2001$
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
	•
Sign	ature: (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.)
	Maribel Ortiz (Typed or printed name of person signing)
	Owner (Title of Person Signing)

Filing Fee: \$35