## P01000035872

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<del></del>
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	<del></del>
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:  Rayble falaboys ga  Authoriz to Correct air  Authoriz 11/18	W. A.

Office Use Only



500008779725

11/12/02-01082-014 \*\*35.00

effective 12-31-200

OZ NOV 12 AM 8: 34
SECRETARY OF STATE

adisol

6032 CHAPMAN CIRCLE PENSACOLA, FL 32504 10-31-2002

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

Dear Sir,

I'm writing to request dissolution of Trinity and Associates, Inc. The dissolution is to be effective on Dec31st, 2002. I hereby attach a copy of the articles of dissolution.

I can be reached on telephone number 850-291-5434 if you have any question.

Sincerely,

Kayode Soladoye

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: TRINITY AND ASSOCIATES	Two rporat
SECOND	The date dissolution was authorized: 10-31-2002  Affective 12-31-2002	-
THIRD:	Adoption of Dissolution (CHECK ONE)	
D w	issolution was approved by the shareholders. The number of votes cast for dissolution as sufficient for approval.	
☐ D	issolution 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:	
Ti	ne number of votes cast for dissolution was sufficient for approval by	
	SHAREHOLDERS. (voting group)	
S	Signed this 31ST day of OCTOBER, 2002.	• =
Signature	(By the Chairman or Vice Chairman of the Board, President, or other officer)	
	KAYODE G. SOLADOYE SSE TO SE T	
	PRESIDENT.	twi
		12/31/200: