

P01000066033

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000106727 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : CODINA GROUP, INC.
Account Number : I20020000144
Phone : (305) 520-2344
Fax Number : (305) 520-2400

FILED
05 APR 28 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISSOLUTION

COSMA WBP ONE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED
05 APR 28 AM 8:02
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing

Public Access Help

FILED
4-28-05-10M

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 as currently filed with the Florida Department of State:

Cosma WBP One, Inc.

SECOND: The document number of the corporation (if known): PO1000066033

THIRD: The date dissolution was authorized: January 1, 2005

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by 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:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 27 day of April, 2005

Signature: _____

(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)

Kolleen O.P. Cobb

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Filing Fee: \$35

FILED
05 APR 28 AM 9:03
SECRETARY OF STATE
ALLAHASSEE, FLORIDA