

P010000078257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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FILED  
06 JAN 23 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

2/1/06

DISS.  
SP

Logistics Training Systems, Inc.

12850 State Road 84, #209

Davie FL 33325

RECEIVED

06 JAN 13 AM 8:00

DIVISION OF CORPORATIONS

January 9, 2006

Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee FL 32314-6327

Subject: Articles of Dissolution

Document Number: P01000078257

The enclosed Articles of Dissolution and fee are submitted for filing. I have also enclosed, for your information, a copy of the Articles of Incorporation Including Articles of Conversion as recorded by the State of North Carolina, Department of The Secretary of State for your information.

Please note that the effective date of this dissolution is 1<sup>st</sup> of February, 2006.

Please return all correspondence concerning this matter to the following:

Peter Moyer

Logistics Training Systems, Inc.

P.O. Box 175

Fleetwood NC 28626-0175

For further information concerning this matter, please call:

Peter C. Moyer at 877-818-5834

Enclosed is a check for the following amount:

\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

Yours truly,



Peter Moyer  
Vice-President

RECEIVED

06 JAN 13 AM 8:00

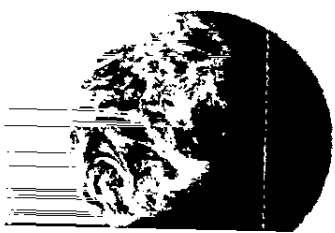
DIVISION OF CORPORATIONS

Tel: 877-818-5834

Fax: 877-684-7916

www.LogisticsTS.com

info@LogisticsTS.com



## 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:

Logistics Training Systems, Inc

SECOND: The document number of the corporation (if known): P01000078257

THIRD: The date dissolution was authorized: January 9, 2006

Effective date of dissolution if applicable: February 1, 2006

(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)

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)

**FILED**  
06 JAN 23 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**EFFECTIVE DATE**

2/1/06

Peter C. Moyer

(Typed or printed name of person signing)

Vice-President

(Title of person signing)

**Filing Fee: \$35**

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Logistics training Systems, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Description of service or product

Amount of Claim

Date service or product supplied to Logistics Training Systems

Full name, address and contact information of claimant

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Logistics Training Systems, Inc.

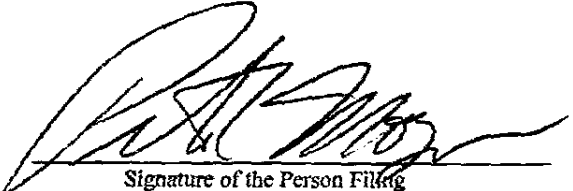
P.O. Box 175

Fleetwood NC 28626-0175

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Peter C. Moyer

Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**



# **NORTH CAROLINA**

## **Department of The Secretary of State**

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**To all whom these presents shall come, Greetings:**

**I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of**

**ARTICLES OF INCORPORATION**

**OF**

**LOGISTICS TRAINING SYSTEMS, INC.**

the original of which was filed in this office on the 20th day of December, 2005.



IN WITNESS WHEREOF, I have hereunto  
set my hand and affixed my official seal at the  
City of Raleigh, this 20th day of December, 2005

*Elaine F. Marshall*  
Secretary of State

**State of North Carolina**  
**Department of the Secretary of State**  
**ARTICLES OF INCORPORATION**  
**INCLUDING ARTICLES OF CONVERSION**

**SOSID: 818730**  
**Date Filed: 12/20/2005 12:29:00 PM**  
**Effective: 2/1/2006**  
**Elaine F. Marshall**  
**North Carolina Secretary of State**  
**C200535300128**

Pursuant to §55-2-02 and § 55-11A-03 of the General Statutes of North Carolina, the undersigned converting business entity does hereby submit these Articles of Incorporation Including Articles of Conversion for the purpose of forming a business corporation.

1. The name of the resulting corporation is Logistics Training Systems, Inc.  
The corporation is being formed pursuant to a conversion of another business entity.
2. The name of the converting business entity is Logistics Training Systems, Inc.  
and the organization and internal affairs of the converting business entity are governed by the laws of the state or country of Florida. A plan of conversion has been approved by the converting business entity as required by law.
3. The converting business entity is a (check one):
  - ☒ foreign corporation
  - ☐ domestic limited liability company
  - ☐ foreign limited liability company
  - ☐ domestic limited partnership
  - ☐ foreign limited partnership
  - ☐ domestic registered limited liability partnership
  - ☐ foreign limited liability partnership
  - ☐ other partnership as defined in G.S. 59-36, whether or not formed under the laws of North Carolina
4. The number of shares the corporation is authorized to issue is: 7,500  
These shares shall be: (check either a or b)
  - a. ☒ all of one class, designated as common stock; or
  - b. ☐ divided into classes or series within a class as provided in the attached schedule, with the information required by N.C.G.S. Section 55-6-01.
5. The street address and county of the initial registered office of the corporation is:  
Number and Street 225 Hillsborough St  
City Raleigh State NC Zip Code 27603 County Wake
6. The mailing address, if different from the street address, of the initial registered office is:  
Number and Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

7. The name of the initial registered agent is: CT Corporation System

8. Principal office information: (Select either a or b.)

a. ☒ The corporation has a principal office.

The street address and county of the principal office of the corporation is:

Number and Street 635 James St

City Fleetwood State NC Zip Code 28526-9132 County Ashe

The mailing address, if different from the street address, of the principal office of the corporation is:

Number and Street P.O. Box 175

City Fleetwood State NC Zip Code 28526-0175 County Ashe

b. ☐ The corporation does not have a principal office.

9. Any other provisions, which the corporation elects to include, are attached.

10. The name and address of each incorporator is as follows:

Peter C. Moyer, P.O. Box 175, Fleetwood NC 28526-0175

11. These articles will be effective upon filing, unless a date and/or time is specified:

February 1, 2006

This the 16th day of December 20005

  
Signature

Peter C. Moyer, Vice President

Type or Print Name and Title

**NOTES:**

1. Filing fee is \$125. This document must be filed with the Secretary of State.