

PD20000008389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

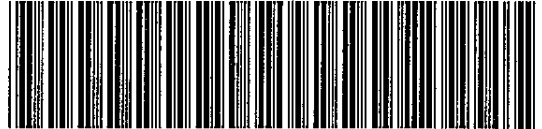
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FOX INTERNATIONAL TOUR OPERATOR, INC

DOCUMENT NUMBER: PO 200 000 8389

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROLING LARSON

(Name of Person)

ACCOUNT BOOKKEEPING COOP

(Name of Firm/Company)

5950 LAKEHURST DR # 246

(Address)

ORLANDO, FL 32819

(City/State/and Zip Code)

For further information concerning this matter, please call:

CAROLING LARSON

(Name of Person)

at (407) 898-1757

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed) |
|--|--|---|---|

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399



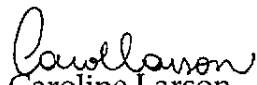
August 30, 2004

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed an the original of the proposed of the Amendment to Articles of Dissolution of **FOX INTERNATIONAL TOUR OPERATOR, INC** .Please file the Article of Incorporation . A money order in the amount of \$43.75 payable to your office, for total filing and processing fees is included. In this amount its included \$ 35.00 for the filing fee Articles of Dissolution and \$8.75 for the Certificate of Status.

Sincerely,


Caroline Larson
Bookkeeper / Tax Preparer



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 14, 2004

CAROLINE LARSON
ACCOUNT INTERNATIONAL CORPORATION
1516 E. COLONIALN DR., STE.107
ORLANDO, FL 32803-4726

SUBJECT: FOX INTERNATIONAL TOUR OPERATOR, INC.
Ref. Number: P02000008389

We have received your document for FOX INTERNATIONAL TOUR OPERATOR, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6882.

Maryanne Dickey
Document Specialist

Letter Number: 204A00054722

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 Department of State:

FOX INTERNATIONAL TOUR OPERATOR, INC

SECOND: The document number of the corporation (if known): 10200000 8389

THIRD: The date dissolution was authorized: 08-25-04

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 group

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 20 day of SEPTEMBER, 2004

Signature: Nara M. Ravani

(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)

NARA M. RAVANI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED

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CLERK OF THE
STATE
TALLAHASSEE
FLORIDA