

PO20000016620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

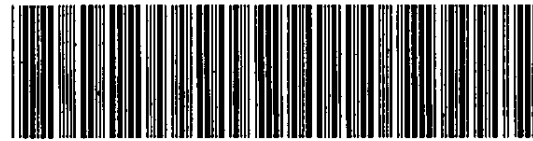
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 29 2013

T. LEMIEUX

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PAZ AVIATION GROUP, INC.

DOCUMENT NUMBER: P02000016620

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

Please return all correspondence concerning this matter to the following:

David M. McDonald

(Name of Contact Person)

McDonald & McDonald

(Firm/Company)

P O Box 669122

(Address)

Miami, FL 33166-9428

(City/State and Zip Code)

For further information concerning this matter, please call:

David M. McDonald

(Name of Contact Person)

at (305-643-5313

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" 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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building

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:

PAZ AVIATION GROUP, INC.

SECOND: The document number of the corporation (if known): P02000016620

THIRD: The date dissolution was authorized: February 2018

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 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)

Amy Campbell

(Typed or printed name of person signing)

President

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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