

PO2000033021

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.

((H05000093540 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 : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

DISSOLUTION

PORCAO USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	2 025
Estimated Charge	\$35.00

FILED
05 APR 15 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Please File
(After Audit #
H05000093535)
Thanks!
Jennifer

ATTN: MICHELLE!
😊
Thel

Electronic Filing Menu

Corporate Filing

Public Access Help

gy vi

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:

FORCAO USA, INC.

SECOND: The document number of the corporation (if known): P02000033021

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

Effective date of dissolution if applicable: upon filing

(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 05 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)

Aldimir Mocellin

(Typed or printed name of person signing)

Administrative Director

(Title of person signing)

Filing Fee: \$35

FILED
05 APR 15 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA