

P02000078776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

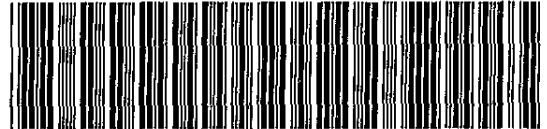
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
05 JUN 16 AM 10:45
DIVISION OF CORPORATION

FILED
05 JUN 16 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

dis.

C. Coulliette JUN 16 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 430164 7481340

AUTHORIZATION : *Patricia Pajute*

COST LIMIT : \$ 35.00

ORDER DATE : June 15, 2005

ORDER TIME : 10:04 AM

ORDER NO. : 430164-005

CUSTOMER NO: 7481340

CUSTOMER: Mr. Craig H. Brockman
Mr. Craig H. Brockman
P.o. Box 7220

Port St. Lucie, FL 34985

DOMESTIC FILINGS

NAME: HANGIN' LOOSE PAINTBALL, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT# 2935

EXAMINER'S INITIALS: _____

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:

HANGIN' LOOSE PAINTBALL, INC.

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

THIRD: The date dissolution was authorized: 5/19/2005

Effective date of dissolution if applicable: June 15th 2005
(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 19 day of May, 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)

Stacy Brochman

(Typed or printed name of person signing)

V. P.

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN 16 AM 11:52

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