

P03000024577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

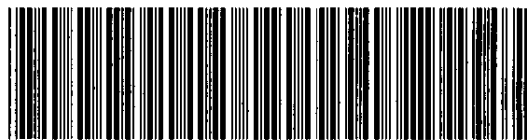
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/19/10--01017--015 **35.00

FILED
2010 JAN 19 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
1/20/10



PUMA SYSTEMS

January 12, 2010

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

RE: DISSOLUTION OF CORPORATION

Document Number – P03000024577 – PUMA SYSTEMS, INC.

To Whom It May Concern:

The enclosed Articles of Dissolution and fee are submitted for Filing.

Please return all correspondence concerning this matter to the following:

Rosita C. Federico
Phoenix American Technologies
1000 Brickell Avenue, Suite 920-B
Miami, FL 33131

For further information concerning this matter, please call:

Rosita C. Federico at 305.374.3355

Enclosed is a check for the \$35.00 Filing Fee.

Sincerely,

A handwritten signature in black ink, appearing to be 'Rosita C. Federico', written over a horizontal line.

Rosita C. Federico

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED

2010 JAN 19 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

PUMA SYSTEMS, INC.

SECOND: The document number of the corporation (if known): P03000024577

THIRD: The date dissolution was authorized: December 31, 2009

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 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)

Rosita Federico

(Typed or printed name of person signing)

DPT

(Title of person signing)

Filing Fee: \$35