

P03000042391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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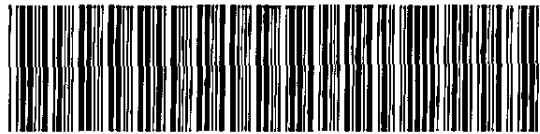
(Business Entity Name)

(Document Number)

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05 APR 25 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*NR
4/25/05*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 331442 7375369

AUTHORIZATION :

COST LIMIT : \$ 35.00

Patricia Pigato

ORDER DATE : April 22, 2005

ORDER TIME : 10:23 AM

ORDER NO. : 331442-005

CUSTOMER NO: 7375369

CUSTOMER: Dr. Ayo A. Akande
Dr. Ayo A. Akande
13703 Richmond Pk Dr N #1804

Jacksonville, FL 32224

DOMESTIC FILINGS

NAME: AKANDE VETERINARY SERVICES,
INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT# 2908

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

AKANDE VETERINARY SERVICES, INC.

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

THIRD: The date dissolution was authorized: 4/18/05

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 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

Signed this 18th day of APRIL, 2005
(voting group)

Signature: [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)

A-KO AKANDE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35