

P03000086279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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C. Coullotte AUG 22 2005

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VALIDATION ONLY

8.19.05

JOSE Eduartes

Requestor's Name

1500 NE 13 Place

Address

Miami, FL 33139

City

State

ZIP

Phone

CORPORATION(S) NAME

US JUDO Federation - Florida
Yudanshakai INC
PO3000086279

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☒ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☒ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

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Name

Availability

Document


Examiner

Updater

Verifier

Acknowledgment

W P Verifier


Empire Toll Free: 1-800-432-3028

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:
US JUDO FEDERATION-FLORIDA YUDANSHAKAI INC

SECOND: The document number of the corporation (if known): P03000086279

THIRD: The date dissolution was authorized: AUGUST 20TH., 2005

Effective date of dissolution if applicable: AUGUST 20TH., 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 18TH day of AUGUST, 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)

EVELIO GARCIA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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05 AUG 22 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA