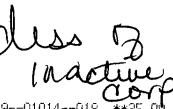
P03000086516

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
		,
· (Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	lv



700163392627



Control March

12/16/09--01014--018 **35.00

ZOUY DEC 16 PM 12: 4

SECRETARY, OF STATE
TALLYMHASSEE/FILORIC

12/11/09

COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: DISSOLUTION	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and i	fee are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
ALICIA LYONS RAMCHARITAI	R
(Name of	Contact Person)
ATLANTIC STAR, INC.	
(Firm	n/Company)
516 JULIAN STREET	
(A	ddress)
GREENSBORO NC 27406	
(City/Sta	ate and Zip Code)
For further information concerning this ma	tter, please call:
ALICIA E. LYONS RAMCHARIT	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	int:
✓\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status .	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	ATLANTIC STAR, INC
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: 12/31/08
	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: Alicia E Lyon Landontar (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)
	ALICIA E LYONS RAMCHARITAR (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	VICE PRESIDENT
	(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: ATLANTIC STAR, INC. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 516 JULIAN STREET GREENSBORO, NC 27406 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. ALICIA E LYONS RAMCHARITAR

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Printed Name of the Person Filing