

PO3000103960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

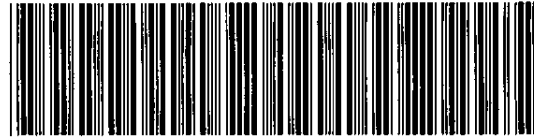
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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RECEIVED
DEPARTMENT OF STATE
OFFICE OF CORPORATIONS
2014 DEC 29 PM 4:32
RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
AND
FILED
14 DEC 29 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Diss

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1102.0.3.330

ACCOUNT NO. : I20000000195

REFERENCE : 437695 7289394

AUTHORIZATION :

COST LIMIT : \$ 85.00



ORDER DATE : December 29, 2014

ORDER TIME : 3:49 PM

ORDER NO. : 437695-005

CUSTOMER NO: 7289394

DOMESTIC FILINGS

NAME: ATICO HOLDINGS BRAZIL, 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: Courtney Williams - EXT# 62935

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 Florida Department of State:

ATICO HOLDINGS BRAZIL, INC.

SECOND: The document number of the corporation (if known): P03000103960

THIRD: The date dissolution was authorized: OCTOBER 14, 2014

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)

Noel Bonet

(Typed or printed name of person signing)

Director

(Title of person signing)

14 DEC 29 PM 4: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Filing Fee: \$35