## P03000/53238

(Requestor's Name)	
(Address)	
(Address)	
(C): (O) - (T) - (D) - (A)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
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PS 5/19/05 -

## **COVER LETTER**

TO: Amendment Section		
Division of Corporations		
•		
<b>SUBJECT:</b> Corporation Dissolu	ition	
¥		
DOCUMENT NUMBER: P030001:	53238	
The enclosed Articles of Dissolution and f	ee are submitted for filin	g.
Please return all correspondence concerning	g this matter to the follow	ving:
Michael Tate	<u> </u>	<u> </u>
(Nam	ne of Person)	
Michael Tate Inc		
	Firm/Company)	<u> </u>
	1 3/	
5678 Lisa Lynn Rd	<del></del>	<u> </u>
(A	ddress)	
Keystone Heights, FI 326	356	
	te/and Zip Code)	
For further information concerning this ma	tter, please call:	
·		
Michael Tate	at ( 352 _ ) 4	73-8311
(Name of Person)	(Area Code &	Daytime Telephone Number)
Enclosed is a check for the following amou	nt:	
✓\$35 Filing Fee \$43.75 Filing Fee &	\$43.75 Filing Fee &	\$52.50 Filing Fee,
Certificate of Status	Certified Copy	Certificate of Status &
	(Additional copy is	Certified Copy
	enclosed)	(Additional copy is enclosed)
MAILING ADDRESS:	STRI	EET ADDRESS:
Amendment Section	Ame	ndment Section
<u>-</u>		<u> </u>
Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	Divis 409 E	tion of Corporations E. Gaines Street hassee, Florida 32399

## 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 Michael Tate, Inc.	l with the Florida Department	of State:			
SECOND:	The document number of the corporation (if known): P03000153238					
THIRD:	The date dissolution was authorized: May					
	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 sharehol was sufficient for approval.	ders. The number of votes cas	t for dissolu	tion		
	Dissolution was approved by of the sharel	holders through voting groups.	<b>'</b>			
	The following statement must be separately pa to vote separately on the plan to dissolve:	rovided for each voting group		-		
	The number of votes cast for dissolution was s	sufficient for approval by	-9 A			
	President		AM II: 24  OF STATE  E. FLORI			
	Signed this 1st day of May	, 2005	ZII RIBA			
	Signature:					
	Michael Tate Inc					
	(Typed or printed name of person signal	gning)				
	President					
	(Title of nerson signing)					

Filing Fee: \$35