P03000157202

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(De	ocument Number)	
. (DC	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



500097932045

05/03/07--01026--013 **35.00



O7 HAY -3 AM 8: 48

T. Roberts MAY 10 2007

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: DISSOLUE CORPORation				
DOCUMENT NUMBER: 40300 5720 }				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
(Name of Contact Person)				
CEF AUIATION INC (Firm/Company)				
12309 Old Country Road (Address)				
(Address) Wellington, FL 33414 (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (SU) 379-2147 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)				
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

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:	
	CEF Aviotion Inc		
SECOND:	The document number of the corporation (if known): PO 30001S 76	202	
THIRD:	The date dissolution was authorized:		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file	le date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
`	Dissolution was approved by the shareholders. The number of votes cast fo was sufficient for approval.	or dissolution	1
	Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group ent to vote separately on the plan to dissolve:	titled	, K
	The number of votes cast for dissolution was sufficient for approval by	7 MAY -3 AM 8: 48 LURETARY OF STATE HYNAHASSEE, FLORIC	FILED
	(voting group)	E S	0
		8: 48 STATE LORIDA	
\$	Signature: (By a director, president or other officer - if directors of officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	(Typed or printed name of person signing)		
	Ω_{max}		

Filing Fee: \$35

(Title of person signing)