PO400018765

| (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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COVER LETTER

TO: Amendment Section

Division of Corporations SUBJECT: M°COPPIN PROPERTIES, INC.

DOCUMENT NUMBER: PO4 0000 18765 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NEM R. Mª COPIN (Name of Contact Person) 306 NORTH 11th START
(Address) For further information concerning this matter, please call: NEM McCoPPW at (386) 693-3/29

(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$\ \ \\$35 \text{ Filing Fee } \ \ \\$43.75 \text{ Filing Fee & } \ \ \ \ \\$52.50 \text{ Filing Fee,} Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

| Pursuant to articles of di | section 607.1401, Florida Statutes, this Florida profit corporation submits the following solution: The name of the corporation as currently filed with the Florida Department of State: The name of the corporation as currently filed with the Florida Department of State: |
|----------------------------|---|
| FIRST: | The name of the corporation as currently filed with the Florida Department of State: |
| | MCCOPPIN PROPERTIES, INC. |
| SECOND: | The document number of the corporation (if known): #P040000 18765 |
| THIRD: | The file date of the articles of incorporation: 1/29/2004 |
| FOURTH: | (CHECK AT LEAST ONE BOX) |
| | None of the corporation's shares have been issued. |
| | The corporation has not commenced business. |
| FIFTH: | No debt of the corporation remains unpaid. |
| SIXTH: | The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued. |
| SEVENTH: | Adoption of Dissolution (CHECK ONE) |
| | A majority of the incorporators authorized the dissolution. |
| | A majority of the directors authorized the dissolution. |
| | |
| Sign | (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.) |
| | (Typed or printed name of person signing) |
| | (Time 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: | MCCOPPIN | PROPORTIES | Int. | |
|--|---|--------------------------|------------------------------|----------------|
| Date of dissolution will be specified in the Articles of | e the date the dissolution is f Dissolution. | filed with the Departm | ent of State or as | |
| Description of information | n that must be included in a | a claim: | | |
| | AMOUNT O | well | | |
| | AMOUNT OF T | AN SETION | | |
| . | | | | |
| | | · | | |
| | | | | |
| Mailing address where cl | aims can be sent: (Claims ca | annot be sent to the Div | vision of Corporations) | |
| | NEM P. | MCCOPPW | · | |
| | NEVA P. 1 306 NORTH | 1 110 50 | ANT | |
| | FUGLER BO | NEW, FURI | DA | |
| | | 32136 | | |
| A claim against the above within 4 years after the fi | e named corporation will be ling of this notice. | barred unless a proceed | ding to enforce the clain | n is commenced |
| | | | _ | |
| Ner | P. MCCOPIN | | ral & m | Grein |
| Printed 1 | lame of the Person Filing | | Signature of the Person Fill | ing |

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