## P04000029951

| (Re                                     | equestor's Name)   |             |  |
|---|--------------------|-------------|--|
| (Ac                                     | idress)            |             |  |
| (Ac                                     | ddress)            |             |  |
| (Ci                                     | ty/State/Zip/Phone | e #)        |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |
| (Bu                                     | usiness Entity Nan | ne)         |  |
| (Document Number)                       |                    |             |  |
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AD155 001/2

## **COVER LETTER**

| • TO: Amendment Section Division of Corporations  |   |  |
|---|---|--|
| SUBJECT: TAMY ENTERPRIS   | SE, INC.  |  |
| DOCUMENT NUMBER: P040000  | 29951   |  |
| DOCUMENT NUMBER: 1 040000   | 20001   |  |
| The enclosed Articles of Dissolution and  | fee are submitted for filin                                       | g.   |
| Please return all correspondence concerning   | ng this matter to the follow                                      | wing:  |
|   |   |  |
| LILY AMADOR   |   |  |
| (Name of  | Contact Person)   |  |
| SHOMAR ACCOUNTING, F  |   |  |
| (Fir  | m/Company)  |  |
| 7777 NW 146TH ST  |   |  |
| · (A  | Address)  |  |
| MIAMI LAKES, FL 33016   |   |  |
| (City/Sta   | ate and Zip Code)   |  |
| For further information concerning this ma  | atter, please call:   |  |
| LILY AMADOR   | at ( 305 ) 8  | 25-1123  |
| (Name of Contact Person)  |   | ¿ Daytime Telephone Number)  |
| Enclosed is a check for the following amo   | unt:  |  |
|   | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Ame<br>Divi<br>Clift  | EET ADDRESS: endment Section sion of Corporations on Building I 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:  |             |              |  |  |
|---------|---|-------------|--------------|--|--|
|         | TAMY ENTERPRISES, INC.  |             |              |  |  |
| SECOND: | The document number of the corporation (if known): P04000029951   |             |              |  |  |
| THIRD:  | The date dissolution was authorized: 06/15/2012   |             |              |  |  |
|         | Effective date of dissolution if applicable: 06/15/2012  (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 to was sufficient for approval.  | or dissolut | tion         |  |  |
|         | 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   |             |              |  |  |
| •       |   |             | <u>_</u>     |  |  |
|         | (voting group)  | ₹ 5         | VISIO        |  |  |
|         | Signature: h Il Carfull   | JL -5 PH 1: | NOF CONTROLS |  |  |
|         | (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) | ියා<br>ගෙ   |              |  |  |
|         | KHALED SAFADI   |             |              |  |  |
|         | (Typed or printed name of person signing)   |             |              |  |  |
|         | PRESIDENT   |             |              |  |  |
|         | (Title of person signing)   |             |              |  |  |

Filing Fee: \$35