

P04000035155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

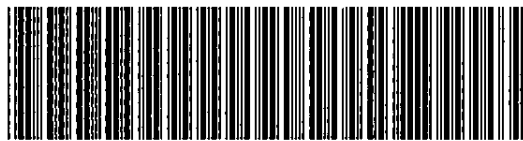
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



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12/20/10--01011--026 **43.75

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TALLAHASSEE, FLORIDA

Dios.

TB 2-11-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fingershield Safety (USA) INC

DOCUMENT NUMBER: P04000035155

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANCIS GARVEY
(Name of Contact Person)

Fingershield Safety (USA) Inc
(Firm/Company)

PO BOX 920 Ponte Vedra Beach FL 32004
(Address)

£ 28 RYECROFT RD. STRET FORD MANCHESTER UK
(City/State and Zip Code) M32 9-BU UK

For further information concerning this matter, please call:

F. Garvey at (01144) 793 902 6165
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy \$52.50 Filing Fee, Certificate of Status & Certified Copy
- (Additional copy is enclosed)
- (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2010

FRANCIS GARVEY
FINGERSHIELD SAFETY (USA) INC.
PO BOX 920
PONTE VEDRA BEACH, FL 32004

SUBJECT: FINGERSHIELD SAFETY (USA) INC.
Ref. Number: P04000035155

We have received your document for FINGERSHIELD SAFETY (USA) INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 310A00029520



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2011

FRANCIS GARVEY
FINGERSHIELD SAFETY (USA) INC.
PO BOX 920
PONTE VEDRA BEACH, FL 32004

SUBJECT: FINGERSHIELD SAFETY (USA) INC.
Ref. Number: P04000035155

We have received your document for FINGERSHIELD SAFETY (USA) INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the Articles of Dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 311A00001934

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11 FEB 11 AM 8:36
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TALLAHASSEE, FLORIDA

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:

Fingershield Safety (USA) Inc.

SECOND: The document number of the corporation (if known): PO4000 35155

THIRD: The date dissolution was authorized: 12-16-2010

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

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TALLAHASSEE, FLORIDA

Signature: [Handwritten 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)

FRANCIS GARVEY
(Typed or printed name of person signing)

C.E.O.
(Title of person signing)

Filing Fee: \$35