

P040000065329

Florida Department of State  
Division of Corporations  
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2015 DEC 29 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : GRAY ROBINSON, P.A.  
Account Number : 075154001651  
Phone : (321) 727-8100  
Fax Number : (321) 984-4122

**EFFECTIVE DATE**

12/31/15

**DISSOLUTION OR WITHDRAWAL  
A1A ACQUISITION CORP.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$35.00 |

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w/notice

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**EFFECTIVE DATE**

12/31/15

**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:

ALA Acquisition Corp.

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

P0400006623965329

THIRD: The date dissolution was authorized:

December 29, 2015

Effective date of dissolution if applicable: December 31, 2015

(no more than 90 days after dissolution for date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

(voting group)

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)

Tom C. Hermansen

(Typed or printed name of person signing)

President

(Title of person signing)

2015 DEC 29 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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: AIA Acquisition Corp.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

1. Amount.

2. Name, address, telephone number and email of claimant.

3. Description of claim.

4. Date claim arose.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

3425 North Atlantic Avenue

Cocoa Beach, Florida 32931

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Tom C. Hermansen, President

Printed Name of the Person Filing

  
Signature of the Person Filing

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