

P04000082095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

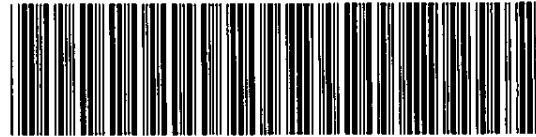
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900265727109

RECEIVED
DEPARTMENT OF STATE
14 DEC 30 PM 4:24

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 DEC 30 AM 8:59

ACCOUNT NO. : I20000000195

REFERENCE : 444091 7329377

AUTHORIZATION :

COST LIMIT :

\$35.00

ORDER DATE : December 30, 2014

ORDER TIME : 2:51 PM

ORDER NO. : 444091-005

CUSTOMER NO: 7329377

DOMESTIC FILINGS

NAME: CRAJANS WINE MARKETING
SERVICES, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

14 DEC 30 AM 8:59

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:
CRAJANS WINE MARKETING SERVICES, INC.

SECOND: The document number of the corporation (if known): **P04000082095**

THIRD: The date dissolution was authorized: **December 30, 2014**

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

UNANIMOUS APPROVAL OF ALL SHAREHOLDERS

(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)

Steven N. Masket

(Typed or printed name of person signing)

Secretary

(Title of person signing)

Filing Fee: \$35