

P04000089982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

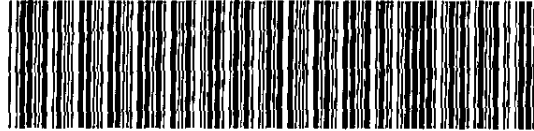
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900051816409

05/04/05--01044--002 \*\*35.00

FILED  
05 MAY -4 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE FL 323

Miss.  
G. Coulette MAY 11 2005

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Chridon Inc

**DOCUMENT NUMBER:** PO4000089982

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

Please return all correspondence concerning this matter to the following:

CHRISTINE M ELWOOD  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

9804 WINDWARD AVENUE  
(Address)

KEY LARGO FL 33037  
(City/State/and Zip Code)

For further information concerning this matter, please call:

CHRISTINE ELWOOD at (305) 853-1867  
(Name of 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 (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, Florida 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## 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:

Chudson Inc

SECOND: The document number of the corporation (if known): PO 4000089982

THIRD: The date dissolution was authorized: May 1, 2005

Effective date of dissolution if applicable: May 1, 2005  
(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 of the shareholders through voting groups.

*The following statement must be separately provided for each voting group ~~provided~~ to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signed this \_\_\_\_\_ day of \_\_\_\_\_,

Signature: Christine M Elwood

(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)

CHRISTINE M ELWOOD

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED  
05 MAY -4 AM 10:37  
STATE OF FLORIDA  
TALLAHASSEE