P04000120252

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	пе)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900186743839

10/28/10--01022--003--**3500-00_

10/28/10--01022--003 **35.00



SECRETARY OF STATE

Monteur NOA O 5: 5040.

COVER LETTER

Division of Corporations	
SUBJECT: Désolution of	0252
DOCUMENT NUMBER: 7 9 9 5 7 2	0652
The enclosed Articles of Dissolution and fee are submitted f	for filing.
Please return all correspondence concerning this matter to the	e following:
COLIN ROLFE (Name of Contact Person)	
(Firm/Company)	
(Firm/Company)	
1778 Ashville Highlands (Address)	
(Address)	
Escerible F	Z 3233/
(City/State and Zip Code)	0 000
For further information concerning this matter, please call:	
at(850	997-0077
(Name of Contact Person) (Area C	Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\times \text{\$43.75 Filing Fee & S43.75 Filing In Certified Copy (Additional copenclosed)}\$	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 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:
	COLINAIR, INCORPORATED
SECOND:	The document number of the corporation (if known): P04000120252
THIRD:	The date dissolution was authorized: 10/15/2010
	Effective date of dissolution <u>if applicable</u> : 10/15/2010 (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 grant 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 officer have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	COLIN T. ROLFE
	(Typed or printed name of person signing)
	SOLE DIRECTOR
	(Title of person signing)

Filing Fee: \$35