

POS000026459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

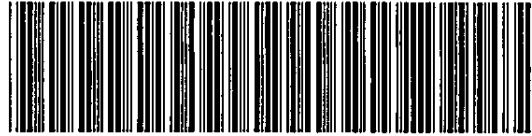
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2007 JAN -5 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KHA
1/5/07

January 2, 2007

Amendment Section
Department of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

The following is my contact information required for the dissolution of our corporation.

Kay Frances Schmid
President, Distribution Marketing Services Corporation
Telephone: (305) 418-9826
Address: 10938 NW 47th Lane
Miami, FL 33178

Sincerely,

A handwritten signature in black ink, appearing to read 'Kay Schmid', written in a cursive style.

Kay Schmid
President

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:

Distribution Marketing Services Corporation

SECOND: The document number of the corporation (if known): P05000026459

THIRD: The date dissolution was authorized: December 18, 2006

Effective date of dissolution if applicable: December 31, 2006

(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

(voting group)

Signature: Kay Frances Schmid

(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)

Kay Frances Schmid

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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