Division of Corporations Public Access System

## **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H080001108093)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : I20000000019 (305) 552-5973 Phone

(305) 220-1440 Fax Number

DISSOLUTION OR WITHDRAWAL

AMERIFOOD PRODUCT DAIRY, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

IOM : LAZARUS

FAX NO. :3052201440

## H08000110809

## 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:			
	AMERIFOOD PRODUCT DRIVE, INC	<del>-</del> .		
SECOND:	The document number of the corporation (if known): PD500035	-86;	7	
THIRD	IRD The date dissolution was authorized: Y-25-08			
	Effective date of dissolution if applicable:  (no time than 90 days after dissolution file	dato)		
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)	08 APR 25	DIVISION (I	
s	£0		RY	
	Signature:	<b>A</b>	S. 4.0	
	(By a director, president of other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, mustee, or other court appointed fiduciary, by that fiduciary)	8: 5 <b>9</b>	ATTOHS	
	LESLIET HADRUGA			
م	(Typed or printed nume of person signing)			
	FRE SIDELT			
	(Title of person signing)			

Filing Fee: \$35

H08000110809