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| (Re | equestor's Name) | | |
|---|--------------------|-------------|--|
| (Ác | ldress) | | |
| (Ac | idress) | | |
| . (Cit | ty/State/Zip/Phon | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | isiness Entity Nar | me) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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SECRETARY OF SALTIONS DIVISION OF CORPORATIONS

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Disspokee

· COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|--|---|--|--|--|
| SUBJECT: <u>dissolution</u> Azure Painting Inc DOCUMENT NUMBER: | | | | |
| | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| Lynn Principe Gu (Name of Contact Person) | tierrez_ | | | |
| (| | | | |
| (Firm/Company) | Azure Painting INC (Firm/Company) | | | |
| 1425 Temple St (Address) | | | | |
| (| | | | |
| Clearwater F (City/State and Zip Code | 2 33756 | | | |
| | , | | | |
| For further information concerning this matter, please call: | | | | |
| (Name of Contact Herson) at (727) | i Code & Daytime Telephone Number) | | | |
| Enclosed is a check for the following amount: | | | | |
| \$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Certificate of Status — Certified Cop (Additional conclosed) | y Certificate of Status & | | | |
| MAILING ADDRESS: Amendment Section | STREET ADDRESS: Amendment Section | | | |
| Division of Corporations | Division of Corporations | | | |
| P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building | | | |
| i diidiid5500, 1 L 52514 | 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: | | |
|---------|---|-------------|------------------------|
| | Azure Painting Inc | | |
| SECOND: | The document number of the corporation (if known): 105000 807 | <u>;3</u> | |
| THIRD: | The date dissolution was authorized: | | |
| | 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 dissowas sufficient for approval. | olution | |
| | 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: | 200 | DIVIG |
| | The number of votes cast for dissolution was sufficient for approval by | 2007 NOV -9 | CRETARY SION OF CO |
| | (voting group) | AM IO: 44 | OF STATE RPORATIONS |
| s | Bignature: (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) | | |
| - | LYNN Principe Gutiervez (Typed or printed name of person signing) | | |
| - | (Title of person signing) | | |

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: tion dissolved 1/1/07 Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. Printed Name of the Person Filing Signature of the Person

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00