

P05000098565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

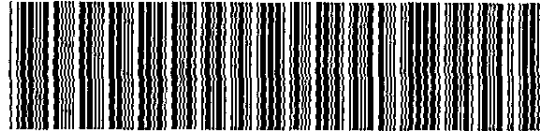
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

05 AUG 23 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FL 32310

RECEIVED

05 AUG 23 AM 10:54

SECRETARY OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

Miss. w Not

G. Coulllette AUG 23 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 480122 7494384

AUTHORIZATION :

Patricia Pinto

COST LIMIT : \$ 35.00

ORDER DATE : July 13, 2005

ORDER TIME : 10:04 AM

ORDER NO. : 480122-016

CUSTOMER NO: 7494384

CUSTOMER: Mr. Asa Lawson
Mr. Asa Lawson
6162 Branchwood Dr

Lake Worth, FL 33467

DOMESTIC FILINGS

NAME: LAWSON & PINTO PROPERTIES,
INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT# 2955

EXAMINER'S INITIALS: _____

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 Department of State
LAWSON & PINTO PROPERTIES, INC.

SECOND: The document number of the corporation (if known): P05000098565

THIRD: The date dissolution was authorized: 07/15/2005
Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

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05 AUG 23 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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 entitled to vote separately on the plan to dissolve:

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

ASA LAWSON
(voting group)

Signed this 19 day of JULY, 2005.

Signature: _____
(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)

/S/: ASA LAWSON
(Typed or printed name of person signing)

PRESIDENT
(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.

Name of Corporation: LAWSON & PINTO INVESTMENTS, INC.

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:

Name, address and dollar amount.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Asa Lawson


6162 Branchwood Drive

Lake Worth, FL 33467

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.

ASA LAWSON

Printed Name of the Person Filing


Signature of the Person Filing

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