

PO5000112725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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DIVISION OF REGISTRATIONS
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C. Coulliette FEB 02 2006

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H. Ferraz

Requestor's Name

1030 E-4 AVE

Address

Hialeah FL 33010

City

State

ZIP

Phone

305-888-8141A.

CORPORATION(S) NAME

ICE Power Corp.
FD50006112725

() Profit

() NonProfit

() Amendment

() Merger

() Foreign

☒ ~~Dissolution~~

() Mark

() Limited Partnership

() Annual Report

() Other

() Reinstatement

() Reservation

() Change of Registered Agent

() Certified Copy

() Photo Copies

() Certificate Under Seal

☒ Call When Ready

() Call If Problem

() After 4:30

☒ Pick Up

() Will Wait

☒ Pick Up

() Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

Empire Toll Free: 1-800-432-3028

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

ICE POWER CORP.

SECOND: The document number of the corporation (if known): P05000112725

THIRD: The file date the articles of incorporation: AUGUST 12, 2005

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature: [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.)

ANDY MORALES

(Typed or printed name of person signing)

PRESIDENT & REGISTERED AGENT

(Title of Person Signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA