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(Address)

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(City/State/Zip/Phone #)

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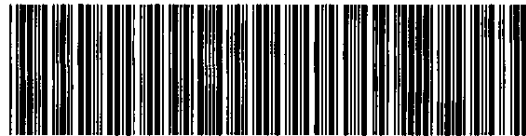
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of C & D Burns Inc.

DOCUMENT NUMBER: 329-0030847

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dana Elizabeth Burns

(Name of Contact Person)

C & D Burns, Inc.

(Firm/Company)

10100 SW 50th Court

(Address)

Cooper City/Florida/33328

(City/State and Zip Code)

For further information concerning this matter, please call:

Dana Elizabeth Burns

(Name of Contact Person)

at (954) 478-6730

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
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:

C & D Burns, Inc.

SECOND: The document number of the corporation (if known): 329-0030847

THIRD: The date dissolution was authorized: 09-01-2010

Effective date of dissolution if applicable: 09-01-2010

(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

President/Vice President

(voting group)

Signature: Dana Elizabeth Burns

(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)

Dana Elizabeth Burns

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

10 SEP 13 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AND
FILED

If you are no longer in business and are no longer conducting business out of your Cooper City, Florida residence because your business has been voluntarily, administratively or judicially dissolved, please fill out the following Affidavit and return to:

c/o Broward Sheriff's Office – District 16
10580 Stirling Road
Cooper City, Florida 33026

ARTICLES OF DISSOLUTION, CERTIFICATE OF DISSOLUTION OR JUDGMENT OF DISSOLUTION OF CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY OR PROFESSIONAL SERVICE CORPORATION MUST BE INCLUDED IN ORDER TO VALIDATE THIS STATEMENT.

AFFIDAVIT OF Dana Burns
[Insert name of person signing Affidavit]

STATE OF FLORIDA)
) ss:
COUNTY OF BROWARD)

BEFORE ME, the undersigned authority, personally appeared Dana Burns
who, after being first duly sworn, under oath, deposes and states:

1. I am over the age of eighteen (18), a resident of Broward County, Florida, and I have personal knowledge of the facts contained herein.

2. I am an officer, director, member, manager or authorized representative with authority to bind C&D Burns, Inc [insert full name of Corporation, Partnership, Limited Liability Company or Professional Service Corporation] (the "Business").

3. I am not operating or managing the Business from, nor using the address of my Cooper City home located at 10100 SW 50th Ct, Cooper City, Florida, for Business purposes.

4. I have attached hereto and incorporated herein the Articles Of Dissolution, Certificate Of Dissolution or Judgment Of Dissolution of the Business as Exhibit "A".

AFFIANT FURTHER SAYETH NAUGHT.

Dana Burns
By:
Title: President

STATE OF FLORIDA
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, duly authorized to administer oaths in the State of Florida, County of Broward, personally appeared Dana E Burns, on behalf of C & D Burns Inc [insert full name of Corporation, Partnership, Limited Liability Company or Professional Service Corporation] who is personally known to me or produced FL Driver License as identification, and who executed the foregoing instrument and acknowledged before me that he/she executed the same on behalf of C & D Burns Inc [insert full name of Corporation, Partnership, Limited Liability Company or Professional Service Corporation], and after being duly sworn, stated that the foregoing is true and correct, on this 01 day of September, 2010.

[Signature]
Notary Public
State of Florida

My Commission Expires:
My Commission Number:

