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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Your Choice Vending Service INC.
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JEANETTE COOKE (Name of Contact Person)
YOUR CHOICE VENDING SERVICE (Firm/Company)
9947 CROSS AINE COURT (Address)
City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
JEANETTE COOKE at (561) 964.7998 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
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MAILING ADDRESS: Amendment Section Division of Corporations P.O. Boy 6327 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Your Choice Vending Service, INC.
SECOND:	The document number of the corporation (if known): Po5000140787
THIRD:	The date dissolution was authorized:
	Effective date of dissolution <u>if applicable:</u> (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
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	(voting group)
	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)
	JEANETTE COOKE
	(Typed or printed name of person signing)
	(Title of person signing)

Filing Fee: \$35