P06000032953

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
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Dissolution

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Voluntary Dissolution	on of Corporation
DOCUMENT NUMBER:	<u> </u>
The enclosed Articles of Dissolution and fee are submitted f	for filing.
Please return all correspondence concerning this matter to the	e following:
Loretta Melton (Name of Contact Person)	
<u>Carolina Stairs of Flor</u> (Firm/Company)	ida Inc
Po Box 572 (Address)	
(Address)	
Mount Ulla NC (City/State and Zip Code)	28125
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Lovetta Melton at (704) (Name of Contact Person) (Area (Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing \Bigcup Certified Copy (Additional copenclosed)	
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

12-3-01

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:
	Carolina Stairs of Florida, Inc.
SECOND:	The document number of the corporation (if known): P06000032953
THIRD:	The date dissolution was authorized: 12/21/07
	Effective date of dissolution <u>if applicable</u> : 12/31/07 (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
	7 28
	(voting group) LARE 21 RECRETARY OF STATE OF S
	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)
	(Typed or printed name of person signing)
	President (Title of person signing)

Filing Fee: \$35