Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000053585 3)))



H100000535853ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

DISSOLUTION OR WITHDRAWAL THE BEST IN GOLF CARTS, INC.

ECRETARY OF STATE

.

Certificate of Status 0
Certified Copy 0
Page Count 02
Estimated Charge \$35.00

SECRETARY OF STATE TALLAHASSEE, FLORID!

Electronic Filing Menu

1 -51

Corporate Filing Menu

Help

H10000053585

ARTICLES OF DISSOLUTION

ursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles if dissolution:

YES CALL		
TRST:	The name of the corporation as currently filed with the Florida Department of State:	
	THE BEST IN GOLF CARTS, INC.	
SECOND:	The document number of the corporation (if known): P06000038603	
THIRD:	The date dissolution was authorized: $2-1-10$	
,	Effective date of dissolution if applicable: (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.	L
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group entitled of to vote separately on the plan to dissolve:	onin Mar
	The number of votes cast for dissolution was sufficient for approval by	₹-9
	E.F.S.	PH
	(vorling group)	ن
	Signature: Mancies	
	(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, mustee, or other court appointed fiduciary, by that fiduciary)	
	FRANCISCO Alejo (Aldes (Typen or printed name of person signing)	
	Paesidente.	
	(Title of person signing)	

Filing Fee: \$35