

PO0000043382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

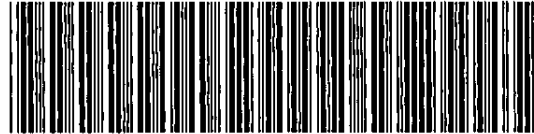
(Business Entity Name)

(Document Number)

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dis

FILED

2007 MAY 17 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

07 MAY 17 AM 11:04

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

POF 5/17/07



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 901727 7527354

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 35.00

ORDER DATE : May 16, 2007

ORDER TIME : 9:27 AM

ORDER NO. : 901727-005

CUSTOMER NO: 7527354

DOMESTIC FILINGS

NAME: DISTRIBUTION CONSULTING
ASSOCIATES, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake - EXT# 2959

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

2007 MAY 17 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:
DISTRIBUTION CONSULTING ASSOCIATES, INC.

SECOND: The document number of the corporation (if known): P06000043582

THIRD: The date dissolution was authorized: 1/3/07
Effective date of dissolution if applicable: 5/7/07
(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 of 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

(voting group)

Signature: _____

(By 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)

DARRELL KRASUSIK
(Typed or printed name of person signing)

PRINCIPAL
(Title of person signing)

Filing Fee: \$35