## P06000/49405

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

**Amendment Section** 

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

COVER LETTER
TO: Amendment Section
Division of Corporations
TO: Amendment Section Division of Corporations  Diversified Safety Industries Inc
DOCUMENT NUMBER: P06000149405
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
The second of th
Judi Rudes
(Name of Contact Person)
Diversified Safety Industries Inc
(Firm/Company)
P O Box 741 801
(Address)
Boynton Beach, FL 33474
(City/State and Zip Code)
For further information concerning this matter, please call:
To further information concerning this matter, pieuse eart.
Judi Rudes at ( 561) 859-1112
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee ■ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee,
Certificate of Status Certified Copy Certificate of Status &
(Additional copy is Certified Copy enclosed) (Additional copy is
enclosed)
MAILING ADDRESS: STREET ADDRESS:

Amendment Section

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

## 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:  Diversified Safety Industries Inc  The document number of the corporation (if known):  P06000149405			
SECOND:				
THIRD:	The date dissolution was authorized: 12/31/2014			
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution file date)			
	(no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.			
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	■ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.			
	$\square$ Dissolution was approved by the shareholders through voting groups. $\Rightarrow \frac{\mathbb{Z}_{\mathcal{S}}}}}}}}}}$			
	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 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)			
	Judi Rudes			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			