

PD70000049073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

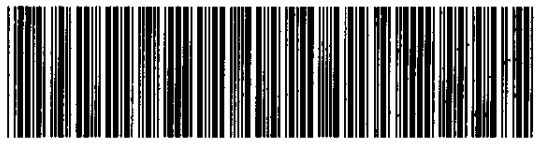
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 APR 15 AM 8:53

Art Disc
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10, 4-16-10

DONALD COFFIN
2878 S.W. 13TH COURT
FT. LAUDERDALE, FL. 33312

TELEPHONE: (954) 792-1459

03-31-10

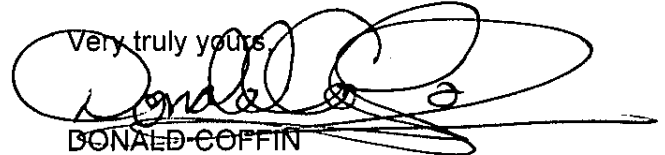
Corporate Records Bureau
Division of Corporations
Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: Dissolution of YOLANNE ENTERPRISES, INC.

Dear Sir:

Enclosed is an original and a copy of the Articles of Dissolution for the above corporation.

Also enclosed is a check payable to the Secretary of State in the amount of \$43.75 representing a \$35.00 filing fee for the Articles of Dissolution, and \$8.75 for a Certificate of Status.

Very truly yours,

DONALD COFFIN

ARTICLES OF DISSOLUTION

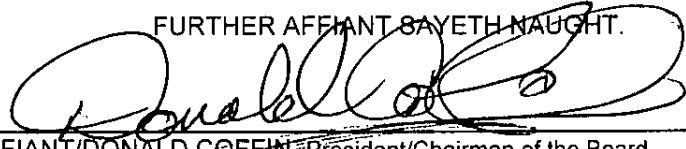
Pursuant to 607.1403, Florida Statutes, this corporation submits the following articles of dissolution:

- FIRST: The name of the corporation is YOLANNE ENTERPRISES, INC.
Corporate number: P07000049673
- SECOND: The articles of incorporation were filed on 04-24-07.
- THIRD: The date dissolution was authorized was 03-31-10.
- FORTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- FIFTH: The corporation has no intention of revoking this voluntary dissolution and its name is available for immediate use by any other corporation.

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NOTARY PUBLIC
BARBARA A. SHUGART

Signed this 03-31-10.

FURTHER AFFIANT SAYETH NAUGHT.



AFFIANT/DONALD COFFIN, President/Chairman of the Board

The foregoing instrument was acknowledged before me this 9 day of April, 2010, by DONALD COFFIN, who personally appeared, and known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person[s]: **DRIVERS LICENSE OF C150-184-40-105-0.**

Witness my hand and seal at said county and state this 9 day of April, 2010

My commission expires


Signature of Notary Public

BARBARA A. SHUGART
Printed Name

