

PO 7000110997



900183036529

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

08/11/10--01007--029 **43.75

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1552

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2010 AUG 11 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

COVERSTAR OF FLORIDA INC

SECOND: The document number of the corporation (if known): P07000110997

THIRD: The date dissolution was authorized: JULY 31, 2010

Effective date of dissolution if applicable: JULY 31, 2010

(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

(voting group)

Signature: _____

(By a director, president or other officer. If directors or officers have not been selected, by an incorporator or if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

James Lawson

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
2010 AUG 11 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: P07000110997

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Lawson

(Name of Contact Person)

Coverstar of Florida, Inc.

(Firm/Company)

400 SE 6th Avenue

(Address)

Pompano Beach FL 33060

(City/State and Zip Code)

For further information concerning this matter, please call:

James Lawson

(Name of Contact Person)

at (954) 247-1797

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed) |
|--|---|---|---|

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