

P07000135605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

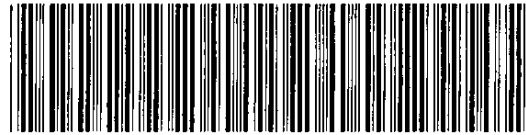
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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RECEIVED  
08 JAN - 8 PM 12:43  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2008 JAN - 8 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PR*  
*1/8/8*



CORPORATION SERVICE COMPANY

file first

ACCOUNT NO. : 072100000032

REFERENCE : 377199 7623273

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : December 26, 2007

ORDER TIME : 10:28 AM

ORDER NO. : 377199-006

CUSTOMER NO: 7623273

DOMESTIC FILINGS

NAME: ROBERT O'BRIEN, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath - EXT# 2955

EXAMINER'S INITIALS: \_\_\_\_\_

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation hereby files the following articles of dissolution:

FILED  
2008 JAN -8 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

ROBERT O'BRIEN, INC.

SECOND: The document number of the corporation (if known): P07000135605

THIRD: The file date the articles of incorporation: 12/31/2007

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signature: Robert O'Brien

(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.)

ROBERT O'BRIEN

(Typed or printed name of person signing)

DIRECTOR

(Title of Person Signing)

Filing Fee: \$35