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SECRETARY OF STATE
AND ANASSEE, FLORID

C.COULLIETTE

MAY 1 8 2009

EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Apriles OF DISSOL	u ti un
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the	following:
ANDREA De LA CAUT (Name of Contact Person)	
(Name of Contact Person)	
CRAZY TEE INC (Firm/Company)	* 1000
·	
800 N. Migni aul (Address)	#1604
Mi Ami FU 33/36 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
ANDREA De JA CONTACT Person) at (786) (Name of Contact Person) (Area Contact Person)	2/8-37/8 Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & \$\bigcup \$43.75 Filing Fee & Certified Copy (Additional copy enclosed)	Fee & \$\sumsymbol{\sumsymbol{\subsymbol{\sin}\subsymbol{\s
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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 Departme	nt of S	tate:		
	CRAZY TEE, FNC				
SECOND:	The document number of the corporation (if known): POS 10007	7 <i>23</i>	6_		
THIRD:	The date dissolution was authorized: 5/1/09				
	Effective date of dissolution if applicable: 5/1/09 (no more than 90 days after dissolution)	lution file	date)		
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes of was sufficient for approval.	cast for	· disso	olution	
	Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting gro to vote separately on the plan to dissolve:	TAME CRI	tlegg HJ	4.mi*ima	
	The number of votes cast for dissolution was sufficient for approval by	HASS	11 43	Common	
	2	Y OF	3	rn I	
	(voting group)	STATE	3: 01		
	Signature: (By artirector, president or other officer - if directors or officers have not been selected an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary that fiduciary)	, by , by			
	ANDREA DE FOR CANE (Typed or printed name of person signing)				
	Vue - President (Title of person signing)	_			

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation:__ Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00