## P08000110367

| íRe                     | equestor's Name)   |             |
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| (VII                    |                    |             |
| (Ad                     | ldress)            |             |
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| (Ad                     | ldress)            | ***         |
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| (Cil                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
|                         |                    |             |
| (Bu                     | isiness Entity Nar | ne)         |
|                         |                    |             |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
|                         |                    | •           |
| Special Instructions to | Filing Officer:    |             |
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Al Celzelio

## **COVER LETTER**

| TO: Amendment Section Division of Corporations                            |  |
|---|--|
| SUBJECT: ARTICLES OF  | F DISSOLUTION  |
| DOCUMENT NUMBER: POSO   | 0011037  |
| The enclosed Articles of Dissolution and fee                              | e are submitted for filing.  |
| Please return all correspondence concerning                               | this matter to the following:  |
| DALE M.   | HOGENKAMP  |
| (Name of C  | ontact Person)   |
| Couchot HOGENK  | Company)   |
| 818 E FRAM  | UKLIN ST<br>dress)   |
| CENTERVILL  | E OH 43459   |
| (City/State   | and Zip Code)  |
| For further information concerning this matter                            | er, please call:   |
| DALE M. HOGENKAMP (Name of Contact Person)                                | at ( <u>937</u> ) <u>436-1400</u><br>(Area Code & Daytime Telephone Number)  |
| Enclosed is a check for the following amount                              | t:   |
| \$35 Filing Fee \$\bigcip\\$43.75 Filing Fee & Certificate of Status      | \$43.75 Filing Fee & \$\begin{array}{c} \$\$52.50 Filing Fee, \\ Certified Copy \\ (Additional copy is \\ enclosed) \end{array}\$ Certified Copy \\ (Additional copy is \\ enclosed) |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 | STREET ADDRESS: Amendment Section Division of Corporations Clifton Building  |
| Tallahassee, FL 32314   | 2661 Executive Center Circle   |

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

| Pursuant to of dissolution            | section 607.1403, Florida Statutes, this Florida profit corporation submits the following articl  | e |
|---------------------------------------|---|---|
|                                       | 2010 JUN 21 PM 4= 02  |   |
| FIRST:                                | The name of the corporation as currently filed with the FAction Department of State:  |   |
|                                       | CAPS-UP INC   |   |
| SECOND:                               | The document number of the corporation (if known): P0800011037  |   |
| THIRD:                                | The date dissolution was authorized: /2-31-08   |   |
| · · · · · · · · · · · · · · · · · · · | Effective date of dissolution if applicable: 12-31-58  (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.   | n |
|                                       | 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: Dali & HosenDama   |   |
|                                       | (By a director, president or other officer - if directors of afficers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) |   |
|                                       | DALE M HOGENKAMP  |   |
| •                                     | (Typed or printed name of person signing)   |   |
|                                       | (Title of person signing)   |   |

Filing Fee: \$35