

PO9000013420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

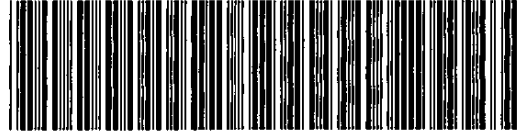
(Business Entity Name)

(Document Number)

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

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Office Use Only



600220371586

02/06/12--01009--011 \*\*35.00

FILED  
2012 FEB -6 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dissemination  
2.7.12

February 1, 2012

Florida Department of State

Division of Corporations

PO Box 6327

Tallahassee, FL 32134

Dear Representative,

Enclosed are the dissolution papers and my mailing address and phone are listed below per the FLDOS.  
Thank you for your immediate attention.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert Adler', with a stylized, flowing script.

Robert Adler

PO Box 49315

Charlotte, NC 28277

704-577-1777

## 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:

Air Jamaica Vacations, Inc.

SECOND: The document number of the corporation (if known): PO9000013420

THIRD: The date dissolution was authorized: 12/31/11

Effective date of dissolution if applicable: 12/31/11

(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.

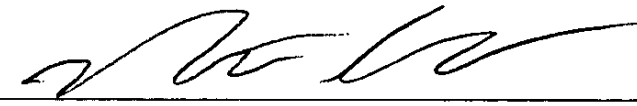
☐ Dissolution was approved by the shareholders through voting groups.

*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

3

(voting group)

Signature: 

(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 Adler

(Typed or printed name of person signing)

President

(Title of person signing)

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2012 FEB -6 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Air Jamaica Vacations, Inc.

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:

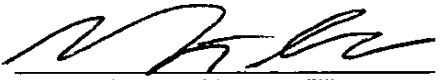
n/a  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Air Jamaica Vacations, Inc.  
P. O. Box 49315  
Charlotte, NC 28277  
\_\_\_\_\_

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.

Robert Adler  
Printed Name of the Person Filing

  
Signature of the Person Filing