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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: Dissolution of Incorporation
DOCUMENT NUMBER: PD9D0D26650
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stelly R. Lawque (Name of Contact Person)
(Name of Contact Person)
Wee Weld Inc.
(Firm/Company)
200 N.W. The Terrace
(Address)
Care Caral C1 33993
(City/State and Zip Code)
For further information concerning this matter, please call:
Shell, Rlowighe at (239) 989-9005
(Name of Contact Person) (Area 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 & \Bigcup \\$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is
enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tollaborage FL 32314
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 Department of State: Wee Weld Inc.		
SECOND:	The document number of the corporation (if known): \$\P09000026650\$		
THIRD:	The date dissolution was authorized: December 29th 2009		
	Effective date of dissolution if applicable: Accember 30th 2009 (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 of 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) Shelly R. Lavigne (Typed or printed name of person signing)		
	President Owher (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. 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