

P10000030130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

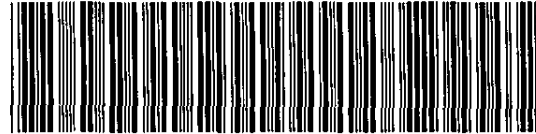
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300260861963

TO THE
SECRETARY OF STATE
SUFFOLK COUNTY, VIRGINIA

2014 JUN 19 PM 1:40

TO THE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUN 20 AM 10:58

FILED

JUN 20 2014

C. CARROTHERS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 115583 7688665

AUTHORIZATION

COST LIMIT \$35.00

Spence

ORDER DATE : May 1, 2014

ORDER TIME : 1:19 PM

ORDER NO. : 115583-005

CUSTOMER NO: 7688665

DOMESTIC FILINGS

NAME: THECORP, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray - EXT# 62925

EXAMINER'S INITIALS: _____

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:

THECORP, INC.

SECOND: The document number of the corporation (if known): P10000030130

THIRD: The date dissolution was authorized: 05-01-14

Effective date of dissolution if applicable: _____
(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 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)

Larissa Zagustin

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35

FILED
14 JUN 20 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA