

P10000062216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

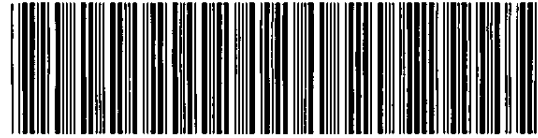
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 FEB -4 PM 4:21

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14 FEB -4 PM 4:56
SEC. RETARY OF STATE
JAN. 14, 1956

Valid.
2-5-14
DC



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 989871 7788303

AUTHORIZATION :

COST LIMIT : \$ 39.00

[Handwritten signature]

ORDER DATE : 02-04-14

ORDER TIME : 3:33 PM

ORDER NO. : 989871-010

CUSTOMER NO: 7788303

DOMESTIC FILINGS

NAME: AVCOM CONSULTING, 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: CARINA DUNLAP - EXT 52951

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:
AVCOM CONSULTING, INC.

SECOND: The document number of the corporation (if known): P10000062216

THIRD: The date dissolution was authorized: 12/31/2013

Effective date of dissolution if applicable: UPON FILING

(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: Deborah K. Ingersoll

(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)

Deborah K. Ingersoll

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
14 FEB -4 PM 14 56
CLERK OF STATE
JAIL OFFICE F. P. 10000062216