P10000073234

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (Addiess) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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| |
| |
| |
| |

Office Use Only



000227476120

04/10/12--01012--023 **35.00

With of

12 APR 10 PH 2: 03
SECRETARY OF STATE

APR 11 2012 T. ROBERTS



To Whom It may Concern:

I am including a letter of acknowledgement that I am filling Articles of Dissolution to Voluntarily dissolve TREASURE CLARKE, INC, corporation.

Sincerely

Paula Treasure Clarke

407-409-2647

ARTICLES OF DISSOLUTION



| Pursuant to of dissolution | section 607.1403, Florida Statutes, this Florida profit corporation submits the Mozoging articles on: SECRETARY OF STATE TAILLAHASSEE FLORIDA |
|----------------------------|--|
| FIRST: | The name of the corporation as currently filed with the Florida Department of State: |
| | * TREASURE, CLARKE, INC 1915 |
| SECOND: | The document number of the corporation (if known): P10000073234 |
| ГНIRD: | The date dissolution was authorized: 04/12/2012 |
| | Effective date of dissolution if applicable: 04/12/2012 |
| FOURTH: | (no more than 90 days after dissolution file date) 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 |
| • | <u>1 - </u> |
| | (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) |
| | PAULA E TREASURE CLARKE |
| | (Typed or printed name of person signing): |
| | PRESIDENT MAJ ACTIVITY |
| | (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.

| Name of Corporation: TREASURE CLARKE, 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: |
| Voluntarily Dissolve |
| |
| |
| |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) |
| 1663 Nestlewood Trail |
| Orlando, FL 32837 |
| |
| |
| A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence |

PAULA E TREASURE CLARKE

within 4 years after the filing of this notice.

Printed Name of the Person Filing

Signature of the Person Filing