

P1000000 88/80

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

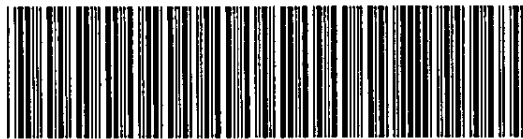
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400251620964

*des*  
EFFECTIVE DATE  
9-20-13

09/20/13--01003--010 \*\*35.00

FILED  
2013 SEP 20 PM 4:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*OR*  
*9/20/13*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of an "S" Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claude M. FAURE

(Name of Contact Person)

SCF Cameras Inc. d/b/a Melbourne Cameras

(Firm/Company)

3146 West New Haven Avenue

(Address)

West Melbourne, Florida 32904

(City/State and Zip Code)

For further information concerning this matter, please call:

Claude Faure

(Name of Contact Person)

at (321 ) 574-0869

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION**

EFFECTIVE DATE  
**9-30-13**

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

2013 SEP 20 PM 4:44

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
SCF Camera, Inc. TALLAHASSEE, FLORIDA

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

THIRD: The date dissolution was authorized: 09/20/2013

Effective date of dissolution if applicable: 9/30/2013  
(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)

CLAUDE M. FAURE

(Typed or printed name of person signing)

CLERK, V.P.

(Title of person signing)

**Filing Fee: \$35**