# P11000022454

(Re	equestor's Name)				
(Ad	ldress)				
(Ac	ldress)				
(Cir	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	isiness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				

Office Use Only



000283269650

03/16/16--01020--022 \*\*35.00

SECKETARY OF STATE SECKETARY OF STATE DIVISION OF CORPORATIONS

### **COVER LETTER**

<u>co</u>	VER LEITER
<b>TO:</b> Amendment Section Division of Corporations	To the control of the
SUBJECT: Dissolution of	- Corporation
DOCUMENT NUMBER:	00022454
The enclosed Articles of Dissolution and for	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
DAVID A. Broder (Name of	
_	
DAVID BRODER La	ajstics INC.
(-11-1	
1320 Lexington Sa S	ddress)
•	·
Vero Beach FL (City/Sta	te and Zip Code)
For further information concerning this mat	
David Broder	at ( 772 - 321 - 3748
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou	int:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 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

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:					
	DAVID BRODER LOgistics, INC.					
SECOND:	The document number of the corporation (if known): <u>\$\P\110000\22454</u>					
THIRD:	The date dissolution was authorized:					
	Effective date of dissolution <u>if applicable</u> : (no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.					
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. ☐ Solution was approved by the shareholders through voting groups.					
	The following statement must be separately provided for each voting group entitled The to vote separately on the plan to dissolve:					
	The number of votes cast for dissolution was sufficient for approval by  David A. Broder — President					
	(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)					
	DAVID A. BREDER  (Typed or printed name of person signing)					
	Citle 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 Corpora	te Dissolution	" is optional and	is not required wher	i filing a voluntary dissoluti	on.
Name of Corporation:	David	BRODER	Logistics,	INC	
Date of dissolution will specified in the <i>Articles</i>			led with the Departm	ent of State or as	
Description of informati	on that must be	e included in a c	laim:		
					<del></del>
Mailing address where c	laims can be so	ent: (Claims can	not be sent to the Div	vision of Corporations)	
1320 Lexin	glon Sq	Sw Ve	eo Beach F	L. 32962	
A claim against the above within 4 years after the f			arred unless a procee	ding to enforce the claim is	commenced
David A. Bi	roder			X ) # X	2
DAVID A. Brinted	Name of the Pers	on Filing	<del></del>	Signature of the Person Filing	