

P12000053534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

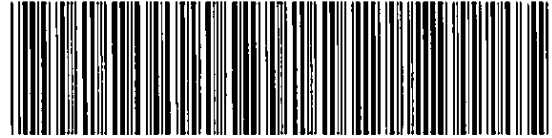
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800295480078

17 FEB 16 4:10:07

17 FEB 16 AM 2:19

RECEIVED

W/D W/N

FEB 17 2017

12:00:00

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 511701 7175508

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : February 15, 2017

ORDER TIME : 9:38 AM

ORDER NO. : 511701-005

CUSTOMER NO: 7175508

DOMESTIC FILINGS

NAME: AB FLORIDA GROUP (JACLYN),
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: Melissa Zender - EXT#

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:
AB FLORIDA GROUP (JACLYN), INC.

SECOND: The document number of the corporation (if known): P12000053536

THIRD: The date dissolution was authorized: June 1, 2016

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.

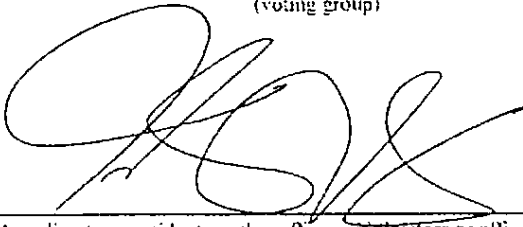
☐ Dissolution was approved by the shareholders through voting groups.

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

100%

(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)

IMRAN SALAHUDDIN

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

Filing Fee: \$35

17 FEB 15 2:10:04

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: AB FLORIDA GROUP (JACLYN), 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:

Nature of Claim

Amount of Claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

C/O Ajlan & Bros Building Behind Tawunniya Building

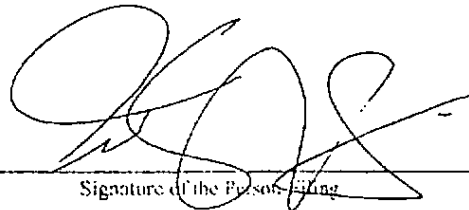
Olaya Commercial P.O. Box 42468

Riyadh 11541 Saudi Arabia

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Imran Salahuddin, Secretary

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00