P/4000084330

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Orly States Ziph Holic #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT:FEAAT TRANSPORTATION IN	C
DOCUMENT NUMBER: P14000084330	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
YVONNE F KOOPMAN	
(Name o	f Contact Person)
YVONNE F KOOPMAN PLLC	
(Fi	rm/Company)
PO BOX 2528	
(,	Address)
BAYTOWN TX 77522	
(City/S	tate and Zip Code)
For further information concerning this m	atter, please call:
YVONNE F KOOPMAN	at (
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

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: FEAAT TRANSPORTATION INC			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized:			
	Effective date of dissolution if applicable: (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.			
	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)			
	ERUM TAHIR			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(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: FEAAT TRANSPORTATION INC.	
Date of dissolution will be the date the dissolution is filed with the Despecified in the Articles of Dissolution.	epartment of State or as
Description of information that must be included in a claim:	
NAME AND ADDRESS OF CLAIMANT AND CREDITOR (IF CLAIMA	NT IS ACTING ON BEHALF OF CREDITOR),
DATE THE SERVICE WAS RENDERED OR DEBT INCURRED; DESC	RIBE ITEM OR SERVICE IN DETAIL AND
INDICATE THE AMOUNT CLAIMED FOR EACH ITEM; IF CLAIM IS	SECURED BY NOTE OR OTHER WRITTEN
INSTRUMENT, ATTACH A COPY TO THE CLAIM; IF CLAIM IS NOT	DUE OR CONTINGENT, OR AMOUNT IS
NOT YET ASCERTAINABLE, STATE THE FACTS SUPPORTING THE	CLAIM.
Mailing address where claims can be sent: (Claims cannot be sent to t	the Division of Corporations)
801 COUNTRY PLACE DR APT 90	
HOUSTON, TX 77079	
A claim against the above named corporation will be barred unless a within 4 years after the filing of this notice.	proceeding to enforce the claim is commenced
ERUM TAHIR	Lud
Printed Name of the Person Filing	Signature of the Person Filing