P15000091711

(Re	questor's Name)				
(Add	dress)				
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PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
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(Da	cument Number)				
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Certified Copies Certificates of Status					
Special Instructions to I	Filina Officer:				
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Office Use Only



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IN CHOUSE

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations						
SUBJECT: DISOLUTION OF CORPORATION						
DOCUMENT NUMBER: PISO00091711						
The enclosed Articles of Dissolution and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
JODY FULLER						
(Name of Contact Person)						
2020 AVIONICS AND TECHNOLOGIES, INC. (Firm/Company)						
(Firm/Company)						
811 SPANISH CAY DRIVE (Address)						
(Address)						
MERRITT ISLAND, FZ 32952						
MERRITT ISLAND, FZ, 32952 (City/State and Zip Code)						
For further information concerning this matter, please call:						
100/ FULLER at (407-592-5581						
(Name of Contact Person) (Area Code) (Daytime Telephone Number)						
Enclosed is a check for the following amount:						
\$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status \$\times \$Certified Copy (Additional copy is enclosed) \$\times \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)						
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section						

Division of Corporations

2661 Executive Center Circle

Clifton Building

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:						
	2020 AVIONICS AND TECHNOLOGIES, INC						
SECOND:	The document number of the corporation (if known): P15000691711						
THIRD:	The date dissolution was authorized: $\frac{4/25/17}{2}$						
	Effective date of dissolution if applicable:						
	(no more than 90 days after dissolution file that) 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 dissolu 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: John J. Full						
	(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)						
	JODY L. FULLER						
•	(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.

against this corporation	as provided in s. 607.1407,	, F.S.	·	
This "Notice of Corpore	ate Dissolution" is optional	and is not requi	red when filing a voluntary dissolution	n.
Name of Corporation:	2020 AVIONI	CS AND	TECHNOLOGIES, INC.	
Date of dissolution will specified in the Articles	be the date the dissolution in of Dissolution.	is filed with the	Department of State or as	
Description of informati	ion that must be included in	a claim:		
NONE			 	
				
				<u> </u>
Mailing address where of	claims can be sent: (Claims	cannot be sent to	o the Division of Corporations)	
811 SPAN	ISH CAY DR.			
MERRITI	ISLAND, FL	32952		
		<u></u>		
A claim against the above within 4 years after the	•	oe barred unless	a proceeding to enforce the claim is c	ommenced
JODY L.	FULER		Jedy S. Filh	
Printed	l Name of the Person Filing		Signature of the Person Filing	