

| | | |
|----------------------|-------------------------|--------------|
| (1 | Requestor's Name) | |
| | | |
| | Address) | |
| | | |
| | | |
| (/ | Address) | |
| | | |
| (0 | City/State/Zip/Phone #) | |
| • | ,·,p,, | |
| | ☐ WAIT | MAIL |
| ☐ PICK-OP | ☐ WAII | LI WINIL |
| | | |
| | Business Entity Name) | |
| | | |
| | | |
| (Document Number) | | |
| | | |
| Certified Copies | Certificates of S | tatus: |
| Certailed Copies | Certificates of C | ,.a.c.s |
| | | |
| Special Instructions | to Filing Officer | |
| | | |
| | • | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



200293719192

01/17/17--01015--008 **35.00

JAN 18 2017 R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations Y & M PLUS INC SUBJECT: P16000027171 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MAZIN MUSTAFA (Name of Contact Person) Y & M PLUS INC (Firm/Company) 8001 S ORANGE BLOSSOM TRL (Address) ORLANDO, FL 32809 (City/State and Zip Code) For further information concerning this matter, please call: MAZIN MUSTAFA 321-946-7582 (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) STREET ADDRESS: **MAILING ADDRESS:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tailahassee, 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: Y & M PLUS INC The document number of the corporation (if known): P16000027171 | | |
|---------|--|--|--|
| SECOND: | | | |
| THIRD: | The date dissolution was authorized: DECEMBER 31, 2016 | | |
| | 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. | | |
| | 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) | | |
| | MAZIN MUSTAFA | | |
| | (Typed or printed name of person signing) | | |
| | PRESIDENT | | |
| | (Title of nerson signing) | | |