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2001 APR -3 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UPCHURCH, BAILEY AND UPCHURCH, P.A.

ATTORNEYS AT LAW

Established 1925

JOHN D. BAILEY, JR.
FRANK D. UPCHURCH III
TRACY WILSON UPCHURCH
SIDNEY F. ANSBACHER
KATHERINE GAERTNER JONES
MICHAEL A. SIRAGUSA
STEPHEN A. FAUSTINI
RICHARD Q. LEWIS III
G. DOUGLAS MOORE JR.

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St. Augustine, Florida 32084

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St. Augustine, Florida 32085-3007

OF COUNSEL:

HAMILTON D. UPCHURCH
FRANK D. UPCHURCH, JR.

FRANK D. UPCHURCH, SR.
(1894-1986)

March 28, 2007

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Symi, Inc.
Our File No. 5610.502483

Dear Sir or Madam:

With reference to the above, enclosed are Articles of Dissolution and our check in the amount of \$35.00 for the fee to dissolve the corporation.

Please call if you have any questions.

Sincerely,


Nancy A. McAlum

Enclosures

ARTICLES OF DISSOLUTION

FOR

SYML, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.1403, Florida Statutes (2006), the undersigned hereby adopts the following Articles of Dissolution:

1. The name of the corporation is Syml, Inc., and its Articles of Incorporation were filed on December 22, 1992.

2. The Board of Directors recommended this dissolution to the shareholders, and it was authorized by unanimous vote of the shareholders on March 15, 2007

3. The number of shareholder votes cast for dissolution was sufficient for approval.

Executed on this 16 day of March, 2007.

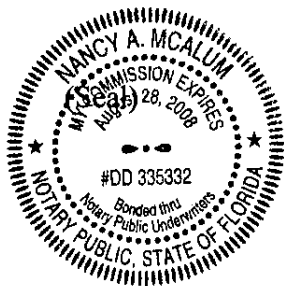
By: Nicholas H. Xynides
Nicholas H. Xynides, Director

STATE OF FLORIDA

COUNTY OF ST. JOHNS

THE FOREGOING INSTRUMENT was acknowledged before me this
16 day of March, 2007, by Nicholas H. Xynides, as Director of Symi,
Inc., a Florida corporation, who: (notary must check applicable box)

☒ is personally known to me.
☐ produced current driver's license(s) as identification.
☐ produced _____ as identification.



Nancy A. McAlum
Signature of Notary

Name of Notary Typed, Printed or Stamped
My Commission Number: _____
My Commission Expires: _____