P93000015470

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COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: BADZI INC.	
DOCUMENT NUMBER: <u>P9300001547</u> C)
The enclosed Articles of Dissolution and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	e following:
JOAN M. PHILLIPS	
(Name of Contact Person)	
(Firm/Company)	
5325 MEADOW DRIVE SE	
(Address)	
ROCHESTER, MN 55904	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
JOAN M. PHILLIPS at (507	
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Certified Copy (Additional copenciosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, 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:			
	BADZI, INC.			
SECOND:	: The document number of the corporation (if known): P930000/5470	, <i>•</i>		
THIRD:	The date dissolution was authorized: 11/30/2007	<u> </u>		
	Effective date of dissolution if applicable: 11/30/2007 (no more than 90 days after dissolution file day)			
FOURTH:	(no more man 70 days area dissortinon ine days	olution		
	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 adirector, 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)			
	JOAN M. PHILLIPS			
	(Typed or printed name of person signing)			
	TREASURER			
	(Title of person signing)			

Filing Fee: \$35