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	Note	DO NOT hit the REFRESH/RELOAD button on your by page. Doing so will generate another cover shee		
	,	To: Division of Corporations Fax Number : (850)617-6380	<u></u> ,	
		From: Account Name : CSH SERVICES, LLC Account Number : I20070000160 Phone : (800)494-3124 Fax Number : (561)455-9885		
C .	TATE ORIĐA	DISSOLUTION OR WITHDRAWAL		AUG
RECEIVE MIG31 MI		ALL FLORIDA CO-OP, INC. Certificate of Status 0		3 PM
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	ARTICLES OF DISSOLUTION						
Pursuant to s of dissolution	ection 607.1403, Florida Statutes, this Florida profit corporation submits the f	ollowin	g artic	le			
FIRST:	The name of the corporation as currently filed with the Florida Department	of State	r t				
	ALL FLORIDA CO-OP, INC.						
SECOND:	The document number of the corporation (if known): P93000079099	}	<u>-</u>				
THIRD:	The date dissolution was authorized: 8/30/2010			-			
	Effective date of dissolution if applicable;	on file date	;}	-			
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 to vote separately on the plan to dissolve:	entitled	r				
	The number of votes cast for dissolution was sufficient for approval by						
			AUG	1			
	(voting group)	i ali	3				
		ng-≺ n ^a ng	PM				
		F.	بې				
s	Signature: The Signature	13	34				
~	(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)	- ** **					
	MICHAEL ESCOBIO (Typed or printed name of person signing)						
	DIRECTOR						
	(Title of person signing)						