Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

From:

Account Name

Account Number : 120040000167

Phone

(954) 566-7117

Fax Number

(954) 566-7115

DISSOLUTION OR WITHDRAWAL BLUE QUAKER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

12/30/2010 2:54 PM

H10000278515 3

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 Stat	e:			
	Blue Quaker, Inc.				
SECOND:	The document number of the corporation (if known): P93000083631				
THIRD:	THIRD: The date dissolution was authorized: December 30, 2010				
	Effective date of dissolution if applicable: December 31, 2010 (no more than 90 days after dissolution file days)	e)			
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes cast for di was sufficient for approval.	ssolution			
	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	101			
	(voting group)	DEC 30 PM IZ: O4			
\$	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)				
	Matt Kuttler				
	(Typed or printed name of person signing)				
	President				
•	(Title of person signing)				

Filing Fee: \$35

H10000278515 3

H10000278515 3

Notice of Corporate Dissolution

	itted by the dissolved corporation named below f tion as provided in s. 607.1407, F.S.	for resolution of payment of unknown claims
This "Notice of Con	porate Dissolution" is optional and is not require	ed when filing a voluntary dissolution.
Name of Corporation	ու Blue Quaker, Inc.	
	will be the date the dissolution is filed with the Cales of Dissolution.	Department of State or as
Description of infor	mation that must be included in a claim:	
1. Reasonabl	e description of the claim asserted	d, including supporting documentation
2. Amount of	claim asserted; and	
3. Contact inf	ormation, including name, mailing	g address, telephone,
facsimile, and	l email.	
Mailing address who	ere claims can be sent: (Claims cannot be sent to	the Division of Corporations)
	ue Quaker, Inc. Claim	
c/c	Perlman, Bajandas, Yevoli & Al	bright, P.L.
20	0 South Andrews Avenue, Suite	600
Fo	rt Lauderdale, FL 33301	
A claim against the a within 4 years after t	bove named corporation will be barred unless a the filing of this notice.	proceeding to enforce the claim is commenced
Matt Kuttler		Mat Ho
Pri	nted Name of the Person Filing	Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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