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Requester's Name

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ORLANDO, FLORIDA 32802-2989

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

**ARTICLES OF DISSOLUTION
OF
NICK'S BOATYARD, INC.
A Florida Corporation**

Pursuant to Section 607.1403 of the Florida Statutes, the undersigned corporation adopts these Articles of Dissolution.

FIRST: The name of the corporation is NICK'S BOATYARD, INC.

SECOND: Dissolution of the corporation was authorized on the 17th day of January, 2001.

THIRD: Dissolution of the corporation was approved and authorized by the unanimous consent of the corporation's shareholders, which was sufficient for approval.

FOURTH: All liabilities and obligations of the corporation have been paid or discharged.

FIFTH: There are no actions pending against the corporation.

SIXTH: These Articles of dissolution shall take effect upon filing with the Secretary of State of Florida, Division of Corporations.

Dated this 25th day of January 2001.

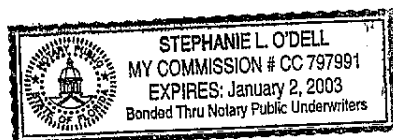
By: *Donald Carter*
NICK'S BOATYARD, INC.
Donald Carter, President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing Articles of Dissolution were acknowledged before me this 25th day of January, 2001, by Donald Carter, President of Nick's Boatyard, Inc., who is personally known to me, or who presented _____ as identification.



Stephanie L. O'Dell
Notary Public, State of Florida
Print Name: Stephanie L. O'Dell
My Commission Expires: _____