

P95000019504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

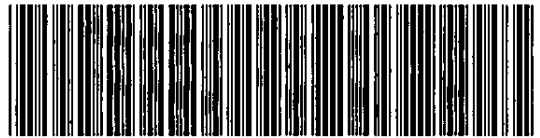
Certified Copies



Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



200163121732

12/02/09--01034--016 \*\*113.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 DEC -2 PM 1:37

FILED

EFFECTIVE DATE  
12-31-2009

DISS.

TB

DEC - 7 2009

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution

**DOCUMENT NUMBER:** 995000019504

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christina Wilson

(Name of Contact Person)

Confederate Staffing Inc.

(Firm/Company)

8777 San Jose Blvd. 402C

(Address)

Jacksonville, Florida 32217

(City/State and Zip Code)

For further information concerning this matter, please call:

Christina Wilson

(Name of Contact Person)

at (904) 731-1080

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**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

**EFFECTIVE DATE**  
12-31-2009

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:

Confederated Staffing, Inc.

SECOND: The document number of the corporation (if known):

P95000019504

THIRD: The date dissolution was authorized:

11/09/09

Effective date of dissolution if applicable:

12/31/09

(no more than 90 days after dissolution 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 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 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)

Jacob Nobles

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Filing Fee: \$35

FILED  
2009 DEC -2 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA