

P95000038099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

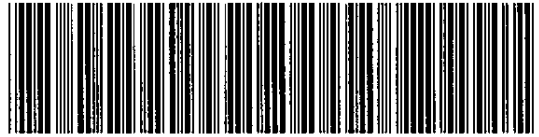
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300151723383

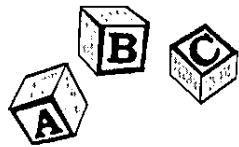
04/23/09--01014--015 **35.00

FILED
09 APR 23 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

dis w/NOT
C.COULLETTE

APR 27 2009

EXAMINER



ABC LEGAL CLINIC

The Simple Step Solution
abclegalclinic@aol.com

PLEASE REPLY TO:

☒ Arlington Office
1701 Rogero Road
Jacksonville, FL 32211
904-743-0057

☐ Orange Park Office
1608 Smith Street #3
Orange Park, FL 32073
904-278-1711

April 17, 2009

Dissolution Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: AMS JAX, INC.
P95000038099

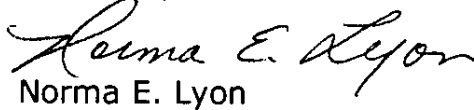
Dear Sirs:

Please find enclosed the original and one copy of the Articles of Dissolution which we would appreciate your filing.

Also enclosed is our check in the amount of \$35.00 payable to the Florida Department of State, in order to receive a Certified Copy of same.

Thank you for this service.

Yours truly,


Norma E. Lyon

NEL/tbs

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:

A M S JAX., INC.

SECOND: The document number of the corporation (if known): P95000038099

THIRD: The date dissolution was authorized: APRIL 1, 2008

Effective date of dissolution if applicable: MAY 1, 2008

(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)

JAMES A HUSSMANN

(Typed or printed name of person signing)

PTD

(Title of person signing)

Filing Fee: \$35

FILED
APR 23 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: A M S JAX., INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

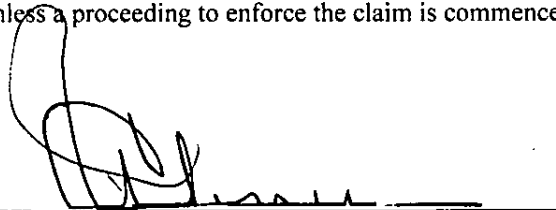
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1701 Rogero Road, Jacksonville, Florida 32211

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

JAMES A HUSSMANN

Printed Name of the Person Filing



Signature of the Person Filing

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