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14 JAN -7 AM 9: 52 SECRETARY OF STATE

APPROVED
AND
FILED

C.Lewis 1-14-14

COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: MCP, INC DISSOLUTION **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Irwin Klar (Name of Contact Person) (Firm/Company) 2003 SW 15th Street # 138 (Address) Deerfield Beach, FL 33442 (City/State and Zip Code) For further information concerning this matter, please call: Irwin Klar (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

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 MCP, INC	of State:	
SECOND:	The document number of the corporation (if known): P950000	051135	Ś
THIRD:	The date dissolution was authorized:		
	Effective date of dissolution if applicable: 11/30/2013 (no more than 90 days after dissolution)	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:	- KR 7	
	The number of votes cast for dissolution was sufficient for approval by	JAN -7 A CRETARY O	FIIF
	(voting group)	## 9: 52 OF STATE F. FT OPEDA	J (
	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)	,	
	(Typed or printed name of person signing)		
	(Title of person signing)		

Filing Fee: \$35