P9500050557

| (Re | equestor's Name) | |
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| (Ad | ldress) | |
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| | | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Bu | isiness Entity Nam | (a) |
| (60 | isiness Linky Nam | ie) |
| (Do | ocument Number) | |
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| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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10 DEC 20 AM 9: 09

SECRETARY OF STATE STATE OF CORPORATIONS

COVER LETTER

| Division of Corporations SUBJECT: CK WOODS 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: ROBERT F BOYNTON (Name of Contact Person) BOYNTON & BOYNTON (Firm/Company) |
|---|
| The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROBERT F BOYNTON (Name of Contact Person) BOYNTON & BOYNTON |
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| BOYNTON & BOYNTON |
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| (|
| |
| 581 BOYLSTON ST STE 600 |
| (Address) |
| BOSTON MA 02116 |
| |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| |
| |
| ROBERT F BOYNTON at (617) 536-4868 |
| (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Englosed is a shock for the following amount: |
| Enclosed is a check for the following amount: |
| \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, |
| Certificate of Status Certified Copy Certificate of Status & |
| (Additional copy is Certified Copy |
| enclosed) (Additional copy is |
| enclosed) |
| MAILING ADDRESS: STREET ADDRESS: |
| Amendment Section Amendment Section |
| Division of Corporations Division of Corporations |
| P.O. Box 6327 Clifton Building |
| Tallahassee, FL 32314 2661 Executive Center Circle |

Tallahassee, FL 32301



RECEIVED 10 DEC 20 AM 8: 05

FLORIDA DEPARTMENT OF STATE ALLAHASSEE, FLORIDA Division of Corporations

December 1, 2010

ROBERT F. BOYNTON BOYNTON & BOYNTON 581 BOYLSTON ST., STE. 600 BOSTON, MA 02116

SUBJECT: CK WOODS, INC. Ref. Number: P95000056557

We have received your document for CK WOODS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the form in its entirety by checking 1(one) of the boxes in the 4th(fourth) part of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 110A00027969

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: | | | |
|---------|---|----------|----------------------------|--|
| | CK WOODS INC | | | |
| SECOND: | The document number of the corporation (if known): P95000056557 | | | |
| THIRD: | The date dissolution was authorized: NOV 24 2010 | | | |
| | Effective date of dissolution if applicable: | file dat | e) | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | | |
| | Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval. | for di | ssolutio | |
| | Dissolution was approved by the shareholders through voting groups. | | | |
| | The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve: | ntitle | d | |
| | The number of votes cast for dissolution was sufficient for approval by | | | |
| | (voting group) | 10 DE | SECI | |
| | · | 0 DEC 20 | N OF C | |
| | Signature: Ourly Kapiolis | AH 9: | Y OF STATE CORPORATIONS | |
| | (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) | 9: 09 | SKOLL | |
| | CAROLYN KAPIOLTAS | | | |
| | (Typed or printed name of person signing) | | | |
| | PRESIDENT | | | |
| | (Title of person signing) | | | |

Filing Fee: \$35