

P96000016462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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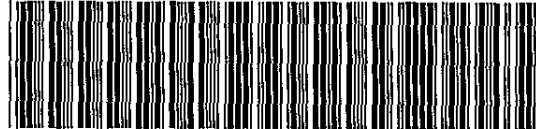
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dissolution

T BROWN JUL 12 2005

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF ARTISAN COMPUTER SERVICES, INC.

**DOCUMENT NUMBER:** P96000016462

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

Please return all correspondence concerning this matter to the following:

E. H. O'BRIEN  
(Name of Person)

E. H. O'BRIEN  
(Name of Firm/Company)

11875-3rd St. E., Apt 3  
(Address)

TREASURE ISLAND, FL. 33706  
(City/State/and Zip Code)

For further information concerning this matter, please call:

ED O'BRIEN at ( 727 ) 374-1926  
(Name of Person) (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, Florida 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## 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:

ARTISAN COMPUTER SERVICES, INC.

SECOND: The document number of the corporation (if known): P96000016462.

THIRD: The date dissolution was authorized: Dec. 31<sup>ST</sup> 2004

Effective date of dissolution if applicable: Dec. 31<sup>ST</sup> 2004.  
(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 of the shareholders through voting groups.

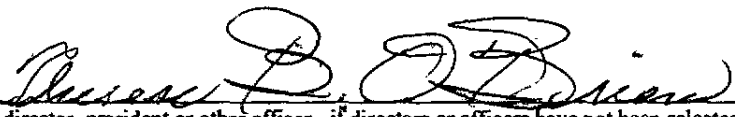
*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

SHAREHOLDERS.

(voting group)

Signed this 5<sup>TH</sup> day of JULY, 2005

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)

THERESE B. O'BRIEN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA