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ALLAHASSEE FI ORION

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
SUBJECT: ARTICIES OF DISSOLUTION
DOCUMENT NUMBER: 65-0676 205
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
THERESA SISTRUNK (Name of Contact Person)
TES PRODUCTIONS (Firm/Company)
4901 INDIAN WELLS DRIVE (Address)
E/ PA50 TEXAS 79938 (City/State and Zip Code)
For further information concerning this matter, please call:
THERESA SISTRUNK at (915) 921-7954  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□\$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

rikol:	The name of the corporation as currently filed with the Florida Department of State:
	TES PRODUCTION INC.
SECOND:	The document number of the corporation (if known): 65-0676205
THIRD:	The date dissolution was authorized: <u>December</u> 31, 2005
	Effective date of dissolution if applicable: December 31, 2005  (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
	TheresH SISTRUNK
	(voting group)
S	ignature: Jaresa Saltunk AFE EB T
	(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)
-	Theresa Sisteunk
	(Typed or printed name of person signing)
_	OWNER
	(Title of person signing)

Filing Fee: \$35