

P96000097145

Requestor's Name



Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

200002527882--9  
-05/18/98-01132--007  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
98 MAY 18 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Diss 5-28-98

Examiner's Initials

LF

# 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 is:

**AGR FARMS, INC.**

**SECOND:**

The date dissolution was authorized:

**December 31, 1997**

**THIRD:**

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 vote 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

Signed this 31 day of December 19 97

Signature

(By the chairman of Vice Chairman of the Board, President, or other officer)

**PATRICIA GOMEZ**

Type or printed name

**President**

Title

FILED  
98 MAY 18 PM 12:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Write check payable to:  
FLORIDA DEPARTMENT OF STATE

Filing Fee: \$35.00  
Certified copies: \$52.50  
Certificate of Status: \$ 8.75