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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

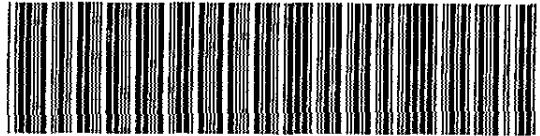
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TALLAHASSEE, FL 32399

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December 22, 2003

Department of State
Division of Corporations
Secretary of State
P.O. Box 6327
Tallahassee, FL 32314

Re: AIGTC, Inc.

Dear Sir or Madam:

Enclosed please find Articles of Dissolution for North Lake Quality Cleaners, Inc., along with a check to your order in the amount of \$35.00 covering the filing fee.

Please acknowledge receipt of the enclosure by stamping and dating the enclosed copy of this letter and returning in the envelope provided for your convenience.

Very truly yours,

WILLIAM J. SEGAL, P.A.

By: 

William J. Segal, Esq.

WJS/slh
encls.

Cc: Alan I. Greenstein(with enclosure)
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ARTICLES OF DISSOLUTION
PURSUANT TO §607.1402 AND §607.1403
OF THE
FLORIDA GENERAL CORPORATION ACT

FILED
08 DEC 24 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of §607.1402 and §607.1403 of the Florida Business Corporation Act, North Lake Quality Cleaners, Inc. adopts the following Articles of Dissolution for the purpose of dissolving the corporation:

1. The name of the corporation is North Lake Quality Cleaners, Inc.

2. On the 30th October, 2003, the Board of Directors and Shareholders of the corporation authorized the dissolution of the corporation.

3. The number of votes cast by the Shareholders for dissolution was sufficient for approval.

4. The effective date of the dissolution is on the 30th October, 2003.

North Lake Quality Cleaners, Inc.

By: Thomas Chamberlain
Thomas Chamberlain, President

Attest: Martha Chamberlain
Martha Chamberlain, Secretary

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned authority, personally appeared, Thomas Chamberlain, as President of North Lake Quality Cleaners, Inc., a Florida corporation, and acknowledged the foregoing, in his capacity as same for the purposes herein described this 29 day of November, 2003, and who is/is not personally known to me or who has produced _____ as identification.

Notary Public (Sign Name)

(Print Name)

My Commission Expires:

