## P97000007013

(Re	questor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone #	#)
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SECRETARY DESIGNATIONS
DIVISIONOR CORPORATIONS

WAY OS JULI

## **COVER LETTER**

TO: Amendment Section Division of Corporations

CONTRACTOR OF THE PARTY OF THE
J. J.
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MAILING ADDRESS:
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## 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:			
	Morin Family Corporation	3		
SECOND:	The document number of the corporation (if known): p9700007013	THE STATE OF		
THIRD:	The date dissolution was authorized: 12/31/2016	-3		
	Effective date of dissolution if applicable: 12/31/2016			
	(no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this not be listed as the document's effective date on the Department of State's records.	ie w		
OURTH:	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 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			
	(voting group)			
	A A			
	Signature: Deja opren			
	(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)			
	Rejean Lapierre (Typed or printed name of person signing)			
	STD (Title of person signing)			
	Visite of production of			