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TRANSMITTAL LETTER

Division of Corporations SUBJECT: SOUTH POINTE FARM, INC. DOCUMENT NUMBER: P97000099764 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KENNETH E. HAGGARD (Name of Person) (Name of Firm/Company) 6280 RUE-DU-LAC (Address) WEST BLOOMFIELD, MI 48323 (City/State/and Zip Code) For further information concerning this matter, please call: KENNETH E. HAGGARD (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee ■ \$43.75 Filing Fee & ■ \$43.75 Filing Fee & ■ \$52.50 Filing Fee,

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enclosed)

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MAILING ADDRESS:

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Certificate of Status

STREET ADDRESS:

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

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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 Department of State:
	SOUTH POINTE FARM, INC.
SECOND:	The document number of the corporation (if known): P97000099764
THIRD:	The date dissolution was authorized: 12-31-03
	Effective date of dissolution if applicable: 12-31-03 (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 dissolutio 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
	(voting group)
	Signed this 15th day of March , 2004.
	A SELLAND
Signat	(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)
	KENNETH E. HAGGARD
	(Typed or printed name of person signing)
	DIRECTOR SEE P. C.
	(Title of person signing)

Filing Fee: \$35