

P98000049386

BASIC ACCOUNTING SERVICES INC.

Requestor's Name

692 W. 29 St. Ste #9

Address

Hialeah

Florida

33012

800003484688--3

-12/04/00--01090--006

\*\*\*\*\*35.00 \*\*\*\*\*35.00

City

State

Zip

305.887 4185

Phone#

CORPORATION NAME

Kapon II Corporation

( ) PROFIT CORPORATION ( ) NON PROFIT CORPORATION

( ) LIMITED PARTNERSHIP ( ) ANNUAL REPORT ( ) RESERVATION

( ) REINSTATEMENT (X) OTHER *Dissolution*

( ) CERTIFIED COPY ( ) PHOTO COPIES ( ) CERTIFICATE  
UNDER SEAL

( ) WALK IN ( ) WILL WAIT ( ) MAIL OUT ( ) CALL ( ) AFTER 30

Name

Availability

Document

Examiner

Updater

Updater

Verifier

Acknowledgment

W.P. Verifier

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 DEC -4 AM 11:31

FILED

T BROWN DEC -7 2000

## ARTICLES OF DISSOLUTION

FILED  
00 DEC -4 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FIRST: The name of the corporation is: \_\_\_\_\_  
**KAPON II CORPORATION**

SECOND: The date dissolution was authorized: 10-31-00

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.

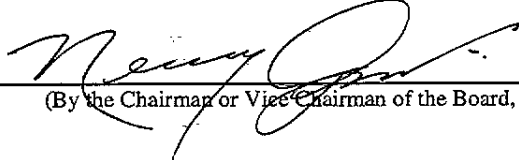
*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signed this 31 th. day of October, 2000

Signature

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

**Nancy Capon**

\_\_\_\_\_  
(Typed or printed name)

**Director/ President, Sec. & Treasurer**

\_\_\_\_\_  
(Title)