

P98000067385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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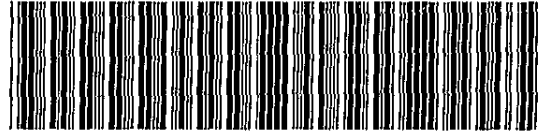
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/06/03--01010--016 **43.75

Effective Date
11/14/03

FILED
03 NOV -6 PM 4:06
SECRETARY OF STATE
ALABAMA, FLORIDA

Dissolution
mm
11/12/03

EMERALD COAST WOODWORKS, INC.

P.O. Box 5797, Meridian, MS 39302

601-693-2661

November 3, 2003

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

Dear Sirs:

Enclosed are Articles of Dissolution for Emerald Coast Woodworks, Inc., pursuant to section 607.1403, Florida Statutes. Also enclosed is a check in the amount of \$43.75. Please consummate the dissolution of Emerald Coast Woodworks, Inc. and send a certified copy to my attention at the following address:

Michael C. Sterling
P.O. Box 5797
Meridian, MS 39302

If you have any questions, you may call me at 601-693-2661.

Sincerely,



Michael C. Sterling
Corporate Manager

Effective date - 11/14/03

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:

Emerald Coast Woodworks, Inc.

SECOND: The document number of the corporation (if known): P98000067385

THIRD: The date dissolution was authorized: October 30, 2003

Effective date of dissolution if applicable: November 14, 2003
(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 dissolution 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 _____ day of _____

Signature: _____

(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)

F. E. Holladay

(Typed or printed name of person signing)

Secretary

(Title of person signing)

Filing Fee: \$35

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA