

P98000073810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

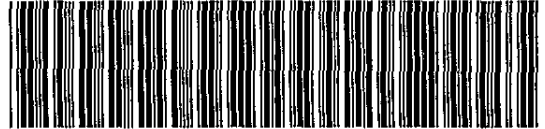
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution

T BROWN AUG - 5 2005



**NATIONAL DEVELOPER
OF THE YEAR**



300 S.E. 2nd Street
Ft. Lauderdale, Florida 33301
954.627.9350
954.627.9399 Fax
stiles.com
stiles@stiles.com

August 1, 2005

Via Certified Mail, Return Receipt Requested

Division of Corporations
ATTN: AMENDMENT SECTION
P. O. box 6327
Tallahassee, Florida 32314

Dear Sir/Madame:

We are enclosing herewith Articles of Dissolution for SFAP, Inc. (P98000073810) along with a check in the sum of \$35.00 for the dissolution fee.

If you have any questions please feel free to contact me at (954) 627-9156.

Sincerely,

STILES CORPORATION

A handwritten signature in cursive script, appearing to read 'Judy Sherman'.

Judy Sherman
Closing Coordinator

Enclosures

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:

SFAP, INC.

SECOND: The document number of the corporation (if known): P98000073810

THIRD: The date dissolution was authorized: July 12, 2005

Effective date of dissolution if applicable: _____
(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 21st day of July, 2005.

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)

PATRICIA JONES

(Typed or printed name of person signing)

Vice President & Secretary

(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA