

P98000096499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

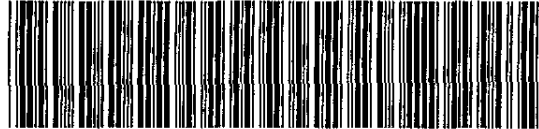
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY
TREASURY

4-14

Wee Kare Day care, Inc.

April 2, 2004

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

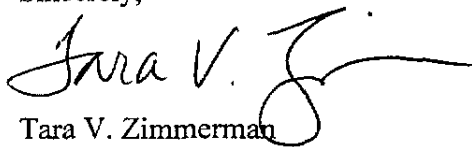
Please accept the attached Articles of Dissolution for Wee Kare Daycare, Inc. effective April 1, 2004.

Please send a certified copy of the Articles of Dissolution to:

Wee Kare Daycare, Inc.
C/o Accounting & Business Solutions, Inc.
9951 Atlantic Blvd. Suite 418
Jacksonville, FL 32225

If any more information is needed to process this request, please contact
Our accountant, Sharhonda Rush at (904) 723-0081.

Sincerely,



Tara V. Zimmerman
President

Attachments

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:

Wee Kare Day Care Inc.

SECOND: The document number of the corporation (if known): P98000096

THIRD: The date dissolution was authorized: 4/1/04

Effective date of dissolution if applicable: 4/1/04
(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: Tara V. Zimmerman

(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)

Tara V. Zimmerman

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA