

P99000049777

(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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EFFECTIVE D/T
07-20-05

07/01/05--01014--018 **43.15

FILED
05 JUL - 1 PM 3:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

is 7/1/05
Dis

June 27, 2005

Amendment Section
Division Of Corporations
PO box 6327
Tallahhassee, Fl 32314

RE ARTICLES OF DISSOLUTION

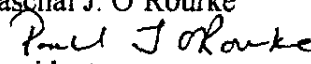
To whom it may concern,

Please find enclosed completed Articles of Dissolution. Please be advised that my telephone number is (305) 754-7092 and my return mailing address is :

460 NE 89 St
Miami, Fl 33138

Additionally, I have enclosed fees for Articles of Dissolution and Certified Copy in the amount of \$43.75

Sincerely,

Paschal J. O'Rourke

President

EFFECTIVE DATE
07-20-05

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 Florida Department of State:

MIAMI ADJUSTING CORP.

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

~~677~~ P99 000049777

THIRD: The date dissolution was authorized:

6/9/05

Effective date of dissolution if applicable:

~~7/27/05~~ 7/20/05

(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 27 day of JUNE, 2005

Signature:

Pascal J O'Rourke

(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)

PASCHAL O'ROURKE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA