

P99000093006

Requester's Name

Address

no ref address

City/State/Zip

Phone #

800004555588--7

-08/24/01--01072--003

*****70.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☒ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
01 AUG 24 AM 10:37
SECRETARY OF STATE
FLORIDA

Examiner's Initials

ac 8/29

ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation is: DHD OF SOUTH FLORIDA, INC.

SECOND: The date dissolution was authorized: 8/1/01

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 16 day of August, 19 2001.

Signature

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

Moti Meiri

(Typed or printed name)

Sec

(Title)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 24 AM 10:37

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