## OOMA SILED MASSES Requester's Name Stine & Associates P.O. Box 985 Alma, AR 72921 Phone # City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Walk in Pick up time Photocopy Will wait Certificate of Status Mail out NEW FILINGS **AMENDMENTS** ☐ Profit ☐ Amendment Resignation of R.A., Officer/Director Not for Profit ☐ Change of Registered Agent ☐ Limited Liability ☐ Dissolution/Withdrawal Domestication Other Merger REGISTRATION/QUALIFICATION **OTHER FILINGS** Annual Report ☐ Foreign ☐ Limited Partnership ☐ Fictitious Name Upldi< ☐ Reinstatement Trademark Other

V. SHEPARD MAR 2 7 2000

**Examiner's Initials** 

CR2E031(7/97)

## ARTICLES OF DISSOLUTION

OD MAR IS AM 8: 30
SUBmite the

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

FIRST:	The name of the corporation is:
SECOND:	The date dissolution was authorized: December 31, 1999
THIRD:	Adoption of Dissolution (CHECK ONE)
	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
☐ Diss	solution was approved by vote of the shareholders through voting groups.
	he following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
	(voting group)
Sig	ned this <u>Thriteen day of March</u> , <u>2000</u> .
Signature	
Signature _	(By the Chairman or Vice Chairman of the Board, President, or other officer)
	MICHAEL D. SENIA
	(Typed or printed name)
	PRESIDENT
	(Title)