

S40872

Darren McWhinness
Requester's Name

803 E. Park Ave
Address

Tall Fl 32301 (222-2000)
City/State/Zip Phone #

Office Use Only

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

1. Dr. B Mack By Hand
(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
APR 24 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-04/24/01--01021--001
*****43.75 *****43.75

Examiner's Initials

DR
4/24/01

ARTICLES OF DISSOLUTION BY DIRECTORS

1. The name of the corporation is Made by Hand, Inc.
2. The date of filing of its Articles of Incorporation was March 26, 1991.
3. None of the corporation's shares has been issued.
4. No debts of the corporation remain unpaid.
5. A majority of the Directors elect that the corporation be dissolved.

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01 APR 24 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MADE BY HAND, INC.

By

Gary Kempton
Gary Kempton
Director/President/Treasurer

STATE OF FLORIDA
COUNTY OF LEON

The foregoing instrument was acknowledged before me this 12 day of April, 2001, by Gary Kempton, who is personally known to me or who has produced _____ as identification and who did take an oath.

Deborah T. Davis
Notary



Deborah T. Davis
MY COMMISSION # CC744362 EXPIRES
June 26, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

Deborah T. Davis

Printed/Typed Name

My Commission Expires: 06/26/2002