| (Re | equestor's Name) | | | |
|---|--------------------|----------|--|--|
| (Ad | idress) | | | |
| (Ad | ldress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Βι | siness Entity Name |) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates o | f Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



500089678335

03/02/07--01031--010 **43.75

COVER LETTER

TO: Amendment Section

| Division of Corporations | |
|---|--|
| SUBJECT: FLIGHT TURBINE SERVICES INC | (DISSOLUTION) |
| | |
| DOCUMENT NUMBER: V58509 | |
| The enclosed Articles of Dissolution and fee are submitted for | r filing. |
| Please return all correspondence concerning this matter to the | following: |
| MICHAEL ROBLES | |
| (Name of Contact Person) | |
| FLIGHT TURBINE SERVICES INC | |
| (Firm/Company) | |
| 441 SW 176 AVE | |
| (Address) | |
| PEMBROKE PINES, FL 33029 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| MICHAEL ROBLES at (954 |) 812-4055 ode & Daytime Telephone Number) |
| (Name of Contact Person) (Area Co | ode & Daytime Telephone Number) |
| Enclosed is a check for the following amount: | |
| □\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee Certificate of Status Certified Copy (Additional copy enclosed) | Certificate of Status & |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle |

Tallahassee, FL 32301

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 | e: | |
|---------|---|-----------------|--------|----------------|
| | FLIGHT TURBINE SERVICES INC | | | |
| SECOND: | The document number of the corporation (if known): V58509 | | | _ |
| THIRD: | The date dissolution was authorized: JANUARY 31,2007 | | | |
| | Effective date of dissolution if applicable: (no more than 90 days after dissolution) | n file dat | te) | . |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | | |
| | Dissolution was approved by the shareholders. The number of votes case was sufficient for approval. | t for di | ssolu | tion |
| | Dissolution was approved by the shareholders through voting groups. | | | |
| | The following statement must be separately provided for each voting group to vote separately on the plan to dissolve: | Alithe A | 07 MAR | |
| | The number of votes cast for dissolution was sufficient for approval by | ASSEE.F | -2 AH | |
| | (voting group) | STATE LORIDA | 10: 16 | |
| , | Signature: | | | |
| • | (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) | | | |
| | MICHAEL ROBLES | | | |
| | (Typed or printed name of person signing) | * | | |
| | PRESIDENT | | | |
| | (Title of person signing) | , | | |

Filing Fee: \$35