

V67396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

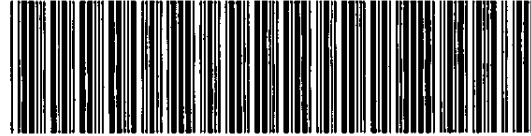
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400271704104

04/20/15--01043--009 **35.00

FILED
15 APR 20 PM 12:07
SECUTY STATE
FALL 17 000810000A

CIRM
4-27-15

FAIRWAY SERVICES INC.
10900 S.E. STONEHILL LANE
HOBE SOUND, FL. 33455
4/15/2015

FILED
15 APR 20 PM 12:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPT. OF STATE
P.O. BOX 6327
TALLAHASSEE, FL. 32314

RE: ARTICLES OF DISSOLUTION

GENTLEMEN:

ENCLOSED IS THE "ARTICLES OF DISSOLUTION" FOR FAIRWAY SERVICES, INC.
ALONG WITH CHECK#2367 FOR \$35.00 DATED 4-15-15.

PLEASE PROCESS THIS DISSOLUTION.

THANK YOU.

SINCERELY,


ROBERT A. MAY
PRESIDENT
FAIRWAY SERVICES, INC.

ENCL: articles of dissolution & \$35 check

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:

FAIRWAY SERVICES, INC.

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

V67396

THIRD: The date dissolution was authorized:

4-15-15

Effective date of dissolution if applicable:

5-1-15

(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 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)

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)

ROBERT A. MAY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED
15 APR 20 PM 12:07

15 APR 20 PM 12:07

FILED