

M95744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

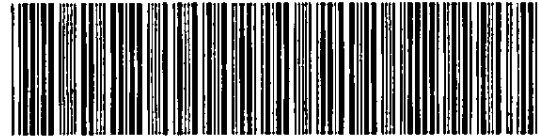
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300399283763

01/03/23--01033--019 **43.75

FILED
TALLAHASSEE, FL

2023 JAN -3 AM 11:00

FILED

g. 3/11/2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMAREX CORPORATION

DOCUMENT NUMBER: M95744

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hellena A. Smejda

(Name of Contact Person)

Amarex Corporation

(Firm/Company)

2121NE 40th Ave

(Address)

Ocala, FL 34470-3716

(City/State and Zip Code)

For further information concerning this matter, please call:

Hellena A. Smejda

(Name of Contact Person)

at (352- 875-8156

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee

FILED

2023 JAN -3 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FL

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:

AMAREX CORPORATION

SECOND: The document number of the corporation (if known): M95744

THIRD: The date dissolution was authorized: DECEMBER 16, 2022

Effective date of dissolution if applicable: DECEMBER 31, 2022

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature: Helena A. Smejda

(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)

HELLENA A. SMEJDA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: AMAREX CORPORATION

The above named corporation is the subject of dissolution and the effective date of a dissolution is: DECEMBER 31, 2022

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

NAME OF CLAIMANT

CLAIMANT'S ADDRESS, TELEPHONE NUMBER, AND CONTACT PERSON

AMOUNT OF CLAIM

DOCUMENTS SUPPORTING THE CLAIM

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

Amarex Corporation c/o Hellena Smejda

2121NE 40th Ave

Ocala, FL

34470-3176

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Hellena A. Smejda, President

Printed Name of the Person Filing

Hellena A. Smejda
Signature of the Person Filing