

PO4000160537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

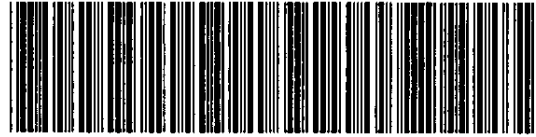
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900155867059

07/28/09--01051--017 **10.00

05/13/09--01007--012 **30.00

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09 JUL 27 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PO4000160537
FL Diss/White
er 8/30/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolve Corporation

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

 Constance Mathers
(Name of Contact Person)

 The Mathers Corp
(Firm/Company)

 16719 Fairholt way
(Address)

 Ocala FL 33559
(City/State and Zip Code)

For further information concerning this matter, please call:

 Constance L. Mathers at (727) 543-2746
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$55 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
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2009

CONSTENCE MATHERS
16718 FAIRBOLT WAY
ODESSA, FL 33559

SUBJECT: THE MATHERS CORPORATION
Ref. Number: P04000160537

We have received your document for THE MATHERS CORPORATION and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 209A00017266

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:

the Mathers Corporation

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

THIRD: The date dissolution was authorized: 4-10-09

Effective date of dissolution if applicable: 4-30-09
(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 of 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)

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TALLAHASSEE, FLORIDA

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)

Constance L. Mathers

(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: The Mathers Corporation

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

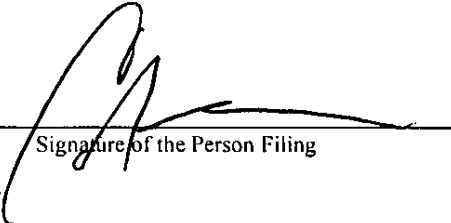
I am the only owner of company
am going out of business.

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

16718 Fairbolt way
Odessa FL 33556

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.

Constance L. Mathers
Printed Name of the Person Filing


Signature of the Person Filing