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, (Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	·)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: We sold the business and need to close the corporation
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nick Pappes (Name of Contact Person)
Pappas Trinity Grill, Inc. /(Firm/Company)
7813 Mitchell Blud #101 (Address)
New Port Richou, FL 34655 (City/State and Zip Code)
For further information concerning this matter, please call:
Nick Pages at (727) 458-5780 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\sum \\$43.75 \text{Filing Fee & }\sum \\$\$52.50 \text{Filing Fee,} \\ Certificate of Status & Certified Copy & Certificate of Status & Certified Copy is enclosed) 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

ARTICLES OF DISSOLUTION

Pursuant to	section 607.1403, Florida Statutes, this Florida profit corporation submits the following afficies
or dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the following and con:
FIRST:	The name of the corporation as currently filed with the Florida Department of Single F.S. A. The
	Pappas Trinity Grill, Frc.
SECOND:	The document number of the cornoration (if known): POSO 60069690
THIRD:	The date dissolution was authorized
	Effective date of dissolution is applicable. (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- กำกาสหาหลาหราดใช receiver; สาเรเนะ, ดาดประกอบแบบ appointed fiduciary, by that fiduciary)
	(Typed of printed name of person signing)
	Sprotary (Title of person signing)
	(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: 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: Business is closed, so we would like to close corporation. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00