## P66000009674

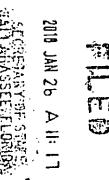
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

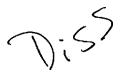


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JAN 2 9 2018 T. LEMIEUX



## COVER LETTER

Division of Corporations	
SUBJECT:DISSOLUTION OF CORPORATION	
DOCUMENT NUMBER: 607.1403	
The enclosed Articles of Dissolution and fee are submittee	d for filing.
Please return all correspondence concerning this matter to	the following:
SAM MICHAEL SAFIRSTEIN	
(Name of Contact Person)	
MUFFINPC & ASSOCIATES, IN	
(Firm/Company)	
511 NE 21 AVENUE	
(Address)	
HOMESTEAD, FLORIDA 330	33
(City/State and Zip Code	)
For further information concerning this matter, please call:	
SAM MICHAEL SAFIRSTEIN at ( 786-2	B4-1885
	a Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:	
□ \$35 Filing Fee ■ \$43.75 Filing Fee & □ \$43.75 Filing Certificate of Status Certified Cop (Additional conclosed)	1 *
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 of dissoluti	o section 607.1403, Florida Statutes, this Florida proion:	ofit corporation submits the following articles
FIRST:	The name of the corporation as currently filed	with the Florida Department of State:
	MUFFINPC & ASSOCIATES, INC	
SECOND:	The document number of the corporation (if kn	P06000029674 own):
THIRD:	The date dissolution was authorized:	1BER 31, 2017
	Effective date of dissolution if applicable:	EMBER 31, 2017
	<b>Note:</b> If the date inserted in this block does not meet the not be listed as the document's effective date on the Dep	
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the sharehold was sufficient for approval.	ers. The number of votes cast for dissolution
	☐ Dissolution was approved by the sharehold	drs through voting groups.
	The following statement must be separately pro to vote separately on the plan to dissolve:	vided for each voting group entitled
	The number of votes cast for dissolution was su	fficient for approval by
	(voting group)	
	<del></del>	
		201
	Signature:	
	(By a director, president or other officer - if directors an incorporator - if in the hands of a receiver, trustee, that fiduciary)	or officers have not become effected by crother court appointed little ciarge by
	SAM MICHAEL SAFIRSTEIN	
	(Typed or printed name of person sign	ing)
	PRESIDENT	•
	(Title of person signing)	