(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone #	¥)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations		
SUBJECT: Dissolution	of Corporation	
DOCUMENT NUMBER: PO 700	000 8296	
The enclosed Articles of Dissolution and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
John Rend (Name of Contact	a	
,		
The Painting Place (Firm/Company) 3960 Chaplain Rd. (Address)		
Firm/Comp	any)	
3960 Chaplain Ko	1.	
St. cloud, 1-la 3 (City/State and Z	4772	
(City/State and Z	ip Code)	
For further information concerning this matter, plea	ase call:	
John Renda at (Name of Contact Person)	(<u>407</u>) <u>301 - 6654</u> (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
Certificate of Status Certi (Addi	75 Filing Fee & \$\Bigcup \\$52.50 Filing Fee, \\ fied Copy	
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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 Painting Place THC.
SECOND:	The document number of the corporation (if known): Po 700000 \$296
THIRD:	The file date of the articles of incorporation: $1 - 18 - 2007$
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	The corporation has not commenced business. No debt of the corporation remains unpaid.
SIXTH:	to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	ature:
	(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.)
	John Renda (Typed or printed power of person signing)
	(Typed or printed name of person signing)
	Owner / Prosident (Title of Person Signing)
	(

Filing Fee: \$35