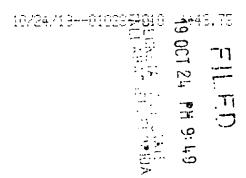
# P14000077124

(Re	equestor's Name)		
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PICK-UP	WAIT	MAIL	
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Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			





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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

**Division of Corporations** JOEL & ADELE, INC. **SUBJECT:** P14000077124 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MORRIS ENGELBERG, ESQUIRE (Name of Contact Person) M. ENGELBERG & L. MILGRIM, P.A. (Firm/Company) 1920 E. Hallandale Beach Blvd., Suite 806 (Address) Hallandale Beach, Florida 33009 (City/State and Zip Code) For further information concerning this matter, please call: Glenie Byrd-Engelberg, Paralegal at ( (Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & ■ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section Amendment Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

# 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:  JOEL & ADELE, INC.					
SECOND:	The document number of the corporation (if known):					
THIRD:	The date dissolution was authorized: October 11, 2019					
	Effective date of dissolution if applicable:  November 30, 2019					
	(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:	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)					
	(voting group)					
	Signature:  (By a director, president or other officer - if directors or officers have not been selected, by an ingorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)					
	JOEL SANDBERG					
	(Typed or printed name of person signing)					
	President and Director					
	(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:			
Name, mailing address, street address and telephone number of claimant.			
Nature of claim.			
Amount of claim.			
Evidence of indebtedness and/or claim.		_ <u>.</u> _	
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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporat MORRIS ENGELBERG, ESQUIRE	- '	124 PM 9:4	こ、河ワ
		6	
M. ENGELBERG & L. MILGRIM, P.A.			
1920 E. Hallandale Beach Boulevard, #806			
Hallandale Beach, Florida 33009			

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.

JOEL SANDBERG, President

Printed Name of the Person Filing

Signature of the Person Filing