

P1600002977

Florida Department of State
Division of Corporations
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From: Account Name : JOHN M WICKER PA
Account Number : I20070000104
Phone : (239)939-2222
Fax Number : (239)939-2280

AUG 17 2017

DISSOLUTION OR WITHDRAWAL
ALMAX OF SWFL, CORP.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

V/D w/ notice

mwicker@lawcw.com

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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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: ALMAX OF SWFL, CORP

SECOND: The document number of the corporation (if known): P16000002977

THIRD: The date dissolution was authorized: 08/15/2017

Effective date of dissolution if applicable: (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)

[X] 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: [Handwritten 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)

MIKLUHA, KARI R.

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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FILED 17 AUG 16 AM 9:58 SECRETARY OF STATE ATTORNEY GENERAL

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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: ALMAX OF SWFL, CORP.

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 OF CREDITOR, PRODUCT OR SERVICE PROVIDED, TOTAL AMOUNT OF CLAIM, ACCOUNT SUMMARY, INVOICES, AND REFERENCE TO CONTRACT, IF APPLICABLE

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

KARI MIKLUHA

3601 SE 18TH AVE

CAPE CORAL, FL 33904

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.

KARI MIKLUHA

Printed Name of the Person Filing



Signature of the Person Filing

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

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