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. PICK-UP	☐ WAIT	MAIL.
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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SECRETARY OF STATE OF STATE OF SCREOKATIONS
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COVER LETTER

TO: Amendment Section

Division of Corporations				
SUBJECT:				
DOCUMENT NUMBER: 298855				
The enclosed Articles of Dissolution and	fee are submitted for fi	ling.		
Please return all correspondence concerning	ng this matter to the fol	lowing:		
CHRISTOPHER MUSCATO NINOS C.P.A.				
(Name of	Contact Person)		_	
CHRISTOPHER M. NINOS C.P.A. P.A.				
(Fir	m/Company)			
1600 SOUTH DIXIE HIGHWAY SUITE #503				
(A	address)		_	
BOCA RATON FLORIDA 33432-7454				
(City/Sta	ate and Zip Code)		_	
For further information concerning this ma	itter, please call:		19 K	0151A10 8035
CHRISTOPHER NINOS	at (11 13	
(Name of Contact Person)	(Area Codo	e) (Daytime Telephone N	<u> </u>	ber) ^{ঢ়}
Enclosed is a check for the following amou	ınt:	-	•)
□ \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee a Certified Copy (Additional copy is enclosed)			S S C C C C C C C C C C C C C C C C C C
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ar Di Cl	REET ADDRESS: nendment Section vision of Corporations ifton Building 61 Executive Center Circ	le	

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 JACK P. HERICK INC.	of State:			
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized: APRIL 10TH 2019				
	Effective date of dissolution if applicable: MAY 1ST 2019				
	(no more than 90 days after dissolution Note: If the date inserted in this block does not meet the applicable statutory filing requirement be listed as the document's effective date on the Department of State's records.	n file date) nents, this date will			
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolution			
	☐ Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	entitled			
	The number of votes cast for dissolution was sufficient for approval by	SECRED UIVICION O			
	(voting group)				
	-	AFORATIONS			
	(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)				
	DANIEL L. LANSMAN				
	(Typed or printed name of person signing)				
	TREASURER				
	(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: ____ JACK P. HERICK INC. 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 CLAIMANT ADDRESS OF CLAIMANT AMOUNT OF CLAIM NATURE OF CLAIM Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 1600 SOUTH DIXIE HIGHWAY **SUITE #503** BOCA RATON FLORIDA 33432-7454 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. DANIEL L. LANSMAN Printed Name of the Person Filing Signature of the Person-Filing