

Division of Corporations

Page 1 of 1

121930

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000195923 3)))



H170001959233ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407) 841-1200
Fax Number : (407) 423-1831

**DISSOLUTION OR WITHDRAWAL
KARST, INC.**

Certificate of Status		0
Certified Copy		1
Page Count		02
Estimated Charge		\$43.75

S. TALLENT
JUL 31 2017

V/P w/
notice

Electronic Filing Menu

Corporate Filing Menu

Help

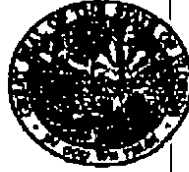
850-617-6381

7/28/2017 10:38:44 AM

PAGE

1/001

Fax Server



July 28, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KARST, INC.
8550 OLD WINTER GARDEN ROAD
ORLANDO, FL 32835US

SUBJECT: KARST, INC.
REF: 121930

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the date the dissolution was authorized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

FAX Aud. #: H17000195923
Letter Number: 117A00015263

P.O BOX 6327 - Tallahassee, Florida 32314

RECEIVED
17 JUL 28 AM 11:58
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

(((H17000195923 3)))

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;
 Karst, Inc.

SECOND: The document number of the corporation (if known); 121930

THIRD: The date dissolution was authorized: ~~Upon filing~~ July 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)

☒ 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:

(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)

June K. Stienstra

(Typed or printed name of person signing)

President

(Title of person signing)

(((H17000195923 3)))

FILED
 17 JUL 28 AM 8:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

(((H17000195923 3)))

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: Karst, 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: _____

Basis of Claim (attach additional sheet if necessary): _____

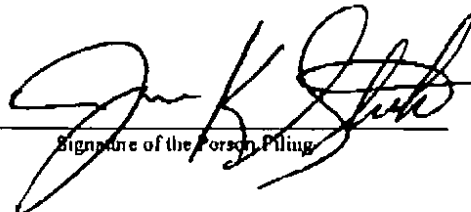
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Christopher R. D'Amico, Esq.Dean, Mead, Egerton, Bloodworth, Capouano & Bozarth, P.A.P.O. Box 2346Orlando, FL 32802-2346

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.

June K. Stienstra

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

(((H17000195923 3)))