

150309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

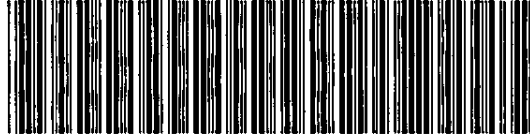
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
15 DEC 29 AM 11:10

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*The Law Offices of*  
**Snyder & Snyder, P.A.**  
Attorneys and Counselors at Law

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December 28, 2015

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: ***Blaser's Nurseries, Inc. ("Corporation")***  
***Document No.: 150309***

Dear Sir/Madam:

Enclosed please find the following regarding the above referenced Corporation:

1. Cover Letter;
2. Articles of Dissolution ("Articles"); and
3. Notice of Corporate Dissolution ("Notice").

Please file the Articles and Notice with your office. After filing the both documents, kindly provide my office with a certificate of status and certified copy. We have enclosed our firm check in the amount of \$52.50 to cover the fees associated with the filing and requested certified copy. Additionally, enclosed please find a return self addressed stamped envelope for your convenience.

I thank you in advance for your attention and cooperation. Should you have any questions or need any additional information, please do not hesitate to contact me.

Very truly yours,

SNYDER & SNYDER, P.A.

  
Shawn C. Snyder

SCS:ii  
Encls.

**COVER LETTER**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 DEC 29 AM 11:13

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BLASER'S NURSERIES, INC.

**DOCUMENT NUMBER:** 150309

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHAWN C. SNYDER, ESQ.

(Name of Contact Person)

SNYDER & SNYDER, P.A.

(Firm/Company)

7931 SW 45TH STREET

(Address)

DAVIE, FLORIDA 33328

(City/State and Zip Code)

For further information concerning this matter, please call:

ILIANA IRIZARRY

(Name of Contact Person)

at ( 954 ) 475-1139

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
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:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 DEC 29 AM 11:12

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
BLASER'S NURSERIES, INC.

SECOND: The document number of the corporation (if known): 150309

THIRD: The date dissolution was authorized: DECEMBER 23, 2015

Effective date of dissolution if applicable: DECEMBER 31, 2015

(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)

THEKLA B. SALZMAN

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(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: BLASER'S NURSERIES, 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

ADDRESS

TELEPHONE NUMBER

DESCRIPTION AND AMOUNT OF CLAIM

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

SNYDER & SNYDER, P.A.

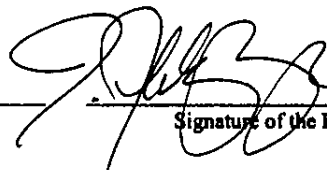
7931 SW 45 STREET

DAVIE, FLORIDA 33328

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.

THEKLA B. SALZMAN, PRESIDENT

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**