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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Kleen Muster Inc. dissolution of Corp.
DOCUMENT NUMBER: 59- 1109034 (Tax 2)
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Kleen Muster Inc
(Firm/Company)
425 NR 12555 451 S 19 Ave #6
(Address)
NHiami, Ft SS60+ Holly Wood FL 33020 (City/State and Zin Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
···
Michael Contact Person) at (305) 904 1375 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee \$\times \\$43.75 Filing Fee & \$\times \\$43.75 Filing Fee & \$\times \\$52.50 Filing Fee, \$\times \\$Certificate of Status & \$\times \\$Certified Copy & Certificate of Status & \$\times \\$Certified Copy & Certified Copy
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 of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the following article on:
FIRST:	The name of the corporation as currently filed with the Florida Department of State Office. Kleen Muster Inc.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	The date dissolution was authorized: Tunc 30 2010 Effective date of dissolution if applicable: Tunc 30 2010 (no more than 90 days after dissolution file date)
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)
	Michael Commission
	Typed or printed name of person signing) Pres. L
	(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: Klein Muster Inc.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
•
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
11.25 NE1255
11.25 NE1255 N. Min: 33161
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.
Michael Crownss— Printed Name of the Person Filing Signature of the Person Filing
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