410672

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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2023 NAY -4 AM 9: 33

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Dissolution	of Corporation	
DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and fee are	submitted for filing.	
Please return all correspondence concerning this i	natter to the following:	
Marke Glemina (Name of Contact	Hecht	
	·	
Gulf Count	g Farms, Duc.	
P.Q. Box 729 (Address		
Cepus Hales	FC 32444 Zip Code)	
(City/State and	Zip Code)	
For further information concerning this matter, pl	ease call:	
Marie Demis Hecht	at (<u>850 - 624 - 1074</u> (Area Code) (Daytime Telephone Number)	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount:		
	#3.75 Filing Fee & S52.50 Filing Fee, tified Copy Certificate of Status & Certified Copy (Additional copy is enclosed)	
Mailing Address:	Street Address:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

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:		
	Gelf Country Darms, Duc.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: $\frac{12 31 2a}{}$		
	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:	RTH: Dissolution was approved by the shareholders, in the manner required by this chapter an the articles of incorporation.		
	ZOUS HAY -4 AN SELE-TALLAHASSEE.		
	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)		
	Makie Fleming Hecht (Typed or printed name of person signing)		
	Offices (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: Oul County James, Suc	
The above named corporation is the subject of dissolution and the effective date of a dissolution is:	
18131/22	_
(date filed with the Dept. if date specified in the Articles of Dissolution)	_
Description of information that must be included in a claim:	
This corporation is dissolved.	_
PAY AY	
SEE	
Fr. 9	
RAM 33	_
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)	
Mayie Heming Hecht	_
Mayie Heming Hecht POBOX 729	_
Capin Haven, FL 32444	
	_

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.

Printed Name of the Person Filing

Makie Fleming Heckt

Signature of the Person Filing