

634639



Mr. Jonathan M. Hall
720 Mayflower Ave
Inverness, FL 34452

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

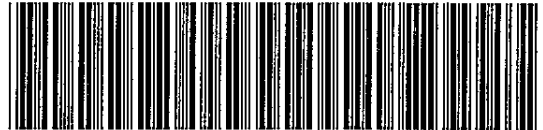
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04/08/04--01023--005 **35.00

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04 APR - 8 PM 4:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

Ps 4/14/04
DSS

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 Department of State:

THE FOUR WINDS OFFICE SUPPLIES, INC.

SECOND: The document number of the corporation (if known): 634639

THIRD: The date dissolution was authorized: 12/31/03

Effective date of dissolution if applicable: 12/31/03
(no more than 90 days after dissolution file)

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 of 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)

Signed this 7th day of April, 2004.

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)

JONATHAN M. HALL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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: THE FOUR WINDS OFFICE SUPPLIES, 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:

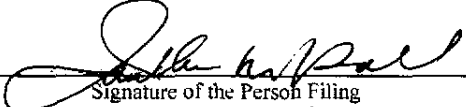
DATE OF INITIAL DEBT
INVOICE SHOWING COMPLETE DESCRIPTION OF ITEMS
SIGNATURE OF AND NAME OF PERSON OBLIGATING CORPORATION FOR
THE DEBT
COMPLETE HISTORY OF COLLECTION ATTEMPTS

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

720 MAYFLOWER AV
INVERNESS, FL 34452
ATTN: DEBT CLAIM

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.

Jonathan M. Hall
Printed Name of the Person Filing


Signature of the Person Filing