## F00746

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**TO:** Amendment Section

Tallahassee, FL 32314

Division of Corporations Madison Estates. Inc. SUBJECT: F00746 DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: H. Edward Garvin (Name of Contact Person) Florida Woodland Group, Inc. (Firm/Company) PO Box 357845 (Address) Gainesville, FL 32635-7845 (City/State and Zip Code) For further information concerning this matter, please call: Ed Garvin (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

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 o	f State:		
	Madison Estates, Inc.	<del> </del>	_	
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized: October 19, 2020		_	
	Effective date of dissolution if applicable:  Novemenber 30, 2020			
	(no more than 90 days after dissolution Note: If the date inserted in this block does not meet the applicable statutory filing requirement be listed as the document's effective date on the Department of State's records.		- will	
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.			
		20 00		
		2		
		를 :		
S	(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)		_	
	Caridad E. Lee			
	(Typed or printed name of person signing)		_	
	Vice 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: \_\_\_\_ Madision Estates, Inc. The above named corporation is the subject of dissolution and the effective date of a dissolution is: Novemenber 30, 2020 (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: All facts, circumstances, dates, documents reasonably necessary to establish and to assess the validity of the claim together with the identity and physical address of all natural persons and other legal entities involved in or having an interest in the claim. Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) PO Box 357845 Gainesville, FL 32635-7845 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. Caridad E. Lee Printed Name of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00