

F240000001466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24000032420

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02/15/24--01007--005 \*\*73.75

RECEIVED

FEB 14 2024

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 27, 2024

TIM WILLIAMSON  
4263 N SELLAND AVE.  
FRESNO, CA 93722 US

SUBJECT: CVE DEMOLITION, INC.  
Ref. Number: W24000032420

We have received your document for CVE DEMOLITION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews  
Regulatory Specialist II

Letter Number: 724A00004234

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**MAR 13 2024**



## CVE DEMOLITION, INC.

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March 11, 2024

Re: State of Florida  
**CVE Demolition, Inc., DISSOLUTION**

To Whom It May Concern:

The purpose of this letter is to provide the State of Florida with the required letter of release of name CVE Demolition, Inc., as seen on the attached proof of dissolution.

CVE Demolition, Inc., releases its name for use in the State of Florida. CVE Demolition, Inc., affirms there is no intention to revoke the dissolution of name CVE Demolition, Inc.

For questions or concerns please contact me at 559-222-1122 x 101.

Sincerely,

Tim Williamson, President

CVE, et al.  
559-222-1122 x 101  
[www.cvecorp.com](http://www.cvecorp.com)

## **ARTICLES OF DISSOLUTION**

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST:** The name of the corporation as currently filed with the Florida Department of State:  
CVE DEMOLITION, INC.
- SECOND:** The document number of the corporation: P22000076177
- THIRD:** The file date of the articles of incorporation: October 4, 2022
- FOURTH:** None of the corporation's shares have been issued.
- FIFTH:** No debt of the corporation remains unpaid.
- SIXTH:** The net assets of the corporation remaining after winding up, if any, have been distributed.
- SEVENTH:** A majority of the incorporators or directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: TIM WILLIAMSON PRESIDENT  
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CVE DEMOLITION, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

TIM WILLIAMSON

Name of Person

CVE DEMOLITION, INC.

Firm/Company

4263 N SELLAND AVE.

Address

FRESNO, CA 93722

City/State and Zip code

VALERIEO@CVECORG.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VALERIE OLSEN

at ( 559 ) 222-1122

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. CVE DEMOLITION, INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")
- CVE DEMOLITION  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. CALIOFORNIA 3. 61-1505223  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/08/2006 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. 02/28/2024  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 4263 N SELLAND AVE., FRESNO CA 93722  
(Principal office street address)
- 4263 N SELLAND AVE., FRESNO CA 93722  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: United States Corporation Agents, Inc
- Office Address: 5575 S Semoran Blvd #36
- ORLANDO . Florida 32822  
(City) (Zip code)

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

**Cheyenne Moseley, Asst.  
Secretary on behalf of  
United States Corporation  
Agents, Inc.**

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2024 MAR 13 AM 3:38

## A. DIRECTORS

☐ Chairman Name: TIM WILLIAMSON  
☐ Vice Chairman Address: 4263 N. SELLAND AVE  
☐ Director FRESNO, CA 93722  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: TIFFANY FARLEY  
☐ Vice Chairman Address: 4263 N. SELLAND AVE  
☐ Director FRESNO CA 93722  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

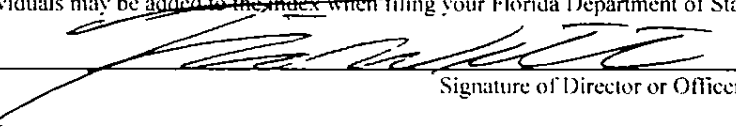
☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. TIM WILLIAMSON, PRESIDENT  
(Typed or printed name and capacity of person signing application)



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

**Entity Name:** CVE DEMOLITION, INC.  
**Entity No.:** 2892244  
**Registration Date:** 08/08/2006  
**Entity Type:** Stock Corporation - CA - General  
**Formed In:** CALIFORNIA  
**Status:** Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of March 11, 2024.

**SHIRLEY N. WEBER, PH.D.**  
Secretary of State

**Certificate No.:** 189903840

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](https://bizfileOnline.sos.ca.gov).