

F30280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

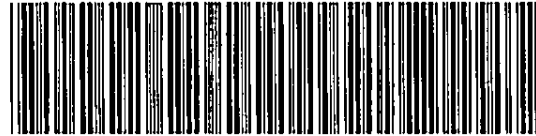
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200303042972

09/01/17--01021--008 \*\*52.50

FILED  
17 SEP -1 AM 11:48  
TALLAHASSEE, FLORIDA

VLOWIN

SEP 03 2017

R. W.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PONDEV GARDENS HOLDING, INC.  
\_\_\_\_\_

**DOCUMENT NUMBER:** F30280  
\_\_\_\_\_

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN T. LAMB, ESQ.

\_\_\_\_\_  
(Name of Contact Person)

JONES, FOSTER, JOHNSTON & STUBBS, P.A.

\_\_\_\_\_  
(Firm/Company)

350 ROYAL PALM WAY

\_\_\_\_\_  
(Address)

PALM BEACH, FL 33480

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN T. LAMB, ESQ.

at (561) 650-0410

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|--|--|---|--|

**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 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:

PONDEV GARDENS HOLDING, INC.

SECOND: The document number of the corporation (if known): F30280

THIRD: The date dissolution was authorized: March 8, 2017

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: 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)

NORMAND F. LEPINE

\_\_\_\_\_  
(Typed or printed name of person signing)

DIRECTOR

\_\_\_\_\_  
(Title of person signing)

FILED  
17 SEP -1 AM 11:48  
TALLAHASSEE FLORIDA

**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: PONDEV GARDENS HOLDING, 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:

NAME OF CLAIMANT

AMOUNT OF CLAIM

BASIS OF CLAIM

STATEMENT REGARDING WHETHER CLAIM IS SECURED, PRIORITY, UNSECURED, CONTINGENT,

CONDITIONAL OR UNMATURED

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

RICHARD GAUTHIER, ASSOCIE

C/O GROLEAU, GAUTHIER PLANTE S.E.N.C.R.L.

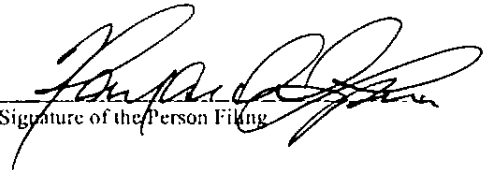
2100-1000 RUE SHERBROOKE QUEST

MONTREAL, QUEBEC H3A 3G4      TELEPHONE: 514-370-3640

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.

NORMAND F. LEPINE, DIRECTOR

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**