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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: KOPI-SHAK COPIES, INC.
DOCUMENT NUMBER: 607905
The enclosed Articles of Dissolution and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
HOPPY E. HARUS JR. (Name of Contact Person)
(Name of Contact Person) KY1-SHAK COPIES, /NC. (Firm/Company)
<i>→</i>
5333 COUNTY PORD 352
KEYSTONE HEIGHTS, FL 32656
(City/State and Zip Code)
For further information concerning this matter, please call:
HAPPY E. AAPPUS, JR. at (904-704-02&1) (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee Set \$43.75 Filing Fee & Settificate of Status Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & Settificate of Status & Certificate of S
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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:
	KOPI-SHAK COPIES, INC.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: SEPT. 15, 2021
	Effective date of dissolution if applicable: OCT, 15, 2021 (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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	9:31
	Signature: (By a director, prescript 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
	HARPY E. HAPPIS JR. (Typed or printed name of person signing)
	(Title of person signing)

Filing Fee: \$35