

C26987

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (950) 617-6380

From:

Account Name : FISHER, TOUSEY, LEAS & BALL
Account Number : I19990000321
Phone : (904) 356-2600
Fax Number : (904) 355-0233

DISSOLUTION OR WITHDRAWAL
C.R. BROWN OF JAX, INC.

Certificate of Status	0
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ARTICLES OF DISSOLUTION
of
C.R. BROWN OF JAX, INC.

Pursuant to Section 607.1403, Florida Statutes, C.R. Brown of Jax, Inc., a Florida corporation (the "**Corporation**"), submits the following Articles of Dissolution:

ARTICLE I

The name of the corporation is C.R. Brown of Jax, Inc. The document number for the Corporation is G26987.

ARTICLE II

The voluntary dissolution of the Corporation is authorized as of November, 2020 (the "**Effective Date**").

ARTICLE III

The dissolution of the Corporation was approved by the shareholders of the Corporation holding a majority of the issued and outstanding stock of the Corporation entitled to vote.

ARTICLE IV

These Articles of Dissolution shall become effective upon filing by the Department of State, and the Corporation shall be dissolved as of such date.

ARTICLE V


Pursuant to Section 607.1407, Florida Statutes, a Notice of Dissolution of the Corporation is attached as **EXHIBIT A**.

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IN WITNESS WHEREOF, these Articles of Dissolution are executed as of the Effective
Date.


Mary E. Brown, as President

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EXHIBIT A
NOTICE OF DISSOLUTION
OF
C.R. BROWN OF JAX, INC.

This Notice of Dissolution is submitted by C.R. Brown of Jax, Inc., a Florida corporation (the "**Corporation**"), for resolution of payment of unknown claims against the Corporation as provided in Section 607.1407, Florida Statutes.

ARTICLE I

The name of the Corporation is C.R. Brown of Jax, Inc.

ARTICLE II

The effective date of the voluntary dissolution is the date that the Articles of Dissolution are filed with the Florida Department of State.

ARTICLE III

Claims against the Corporation should be submitted to the address listed below. The following information must be included in each claim:

1. The name, address and telephone number of the claimant, and the name, address and telephone number of the claimant's attorney, if any. If the claimant is not represented by an attorney, the preferred method by which the claimant may be contacted.
2. A description of the claim, including a summary of the facts giving rise thereto and the claimant's reason to believe the Corporation is liable therefor.
3. The harm suffered by claimant.

ARTICLE IV

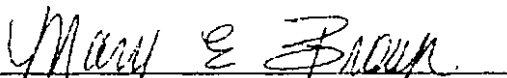
Claims should be mailed to the Corporation at the following address:

C.R. Brown of Jax, Inc.
4137 Clyde Drive
Jacksonville, Florida 32208

ARTICLE V

Claims against the Corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice of Dissolution.

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Mary E. Brown, President