

G91309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

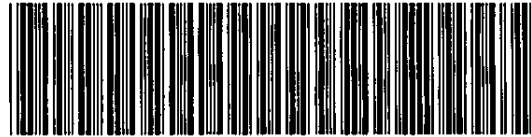
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900256989879

02/27/14--01004--007 **35.00

FILED
14 FEB 27 PM 4:08
TALLAHASSEE, FLORIDA

VIDWYN

FEB 27 2014

R. WHITE

February 26, 2014

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

To Whom It May Concern:

I mailed the enclosed Dissolution of Corporation materials to this address on or about February 14, 2014. Unfortunately it appears that I did not include the necessary filing fee. That fee is enclosed herewith.

Thank you for your prompt attention.

Sincerely,

A handwritten signature in black ink that reads "Paul McCall". The signature is written in a cursive, slightly slanted style.

Paul McCall

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: G91309

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

Please return all correspondence concerning this matter to the following:

Paul McCall

(Name of Contact Person)

Denise A Choppin, Inc

(Firm/Company)

602 Beard Street

(Address)

Tallahassee, FL 32303

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul McCall

(Name of Contact Person)

at (850) 508-0522

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is 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:

~~Denise A Choppin, Incorporated~~: Denise A Choppin, Incorporated

SECOND: The document number of the corporation (if known): G91309

THIRD: The date dissolution was authorized: 12/31/2013

Effective date of dissolution if applicable: 12/31/2013
(no more than 90 days after dissolution file date)

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: Paul McCall

(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)

Paul McCall

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Filing Fee: \$35

FILED
FEB 27 PM 4:07
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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: Denise A Choppin, Incorporated

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:

address & phone number
Name of entity seeking claim. Contact person.
Name of entity to whom claim is due if different from
above. ~~Date~~ Description of claim, including date &
amount. Documentation of claim, including ^{copy of} invoice or
contract. Authorization number or other evidence that Denise A
Choppin, Inc incurred the original liability

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

Paul McCall
602 Beard St
Tallahassee FL 32303

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.

Paul McCall

Printed Name of the Person Filing

Paul McCall

Signature of the Person Filing

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