

# H18747

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : PURCELL, FLANAGAN, HAY & GREENE, P.A.  
Account Number : 071722000522  
Phone : (904)355-0355  
Fax Number : (904)355-0820

**DISSOLUTION OR WITHDRAWAL  
JBS PALATKA GROUP, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

J. HORNE  
FEB - 5 2025

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ARTICLES OF DISSOLUTION

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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:  
JBS Palatka Group, INC.

SECOND: The document number of the corporation (if known): H18747

THIRD: The date dissolution was authorized: January 31, 2025

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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature: Barry DePriest

(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)

Barry DePriest

(Typed or printed name of person signing)

Vice-President

(Title of person signing)

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: JBS Palatka Group, INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: \_\_\_\_\_

\_\_\_\_\_  
(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim: \_\_\_\_\_

(a) Name, address and telephone number of the claimant; (b) Amount of claim, including, if applicable, principal, interest, penalties or other charges; (c) Statement containing a reasonable description of, and the basis for, the claim; (d) Copy of any and all writings evidencing the claim or upon which the claim is based; and (e) Statement of whether or not the claimant has other claims against the Corporation, or its officers, directors, agents or representatives, in their capacities as such. The Corporation is the subject of a dissolution. A claim must be in writing.

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

4348 OLD A1A, PALM COAST, FL 32137

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.

Barry DePriest

\_\_\_\_\_  
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**