(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Special Instructions to Filing Officer: Special Instructions to Filing Officer: Office Use Only	(Requestor's Name)	
(Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Business Entity Name) (Business Entity Name) (Document Number) Special Instructions to Filing Officer:	(Address)	
PICK-UP WAIT MAIL 07/12/1001007007 **35.00 (Business Entity Name) (Document Number) entified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)	_ 000183110190
(Business Entity Name) (Document Number) artified Copies Certificates of Status Special Instructions to Filing Officer:	(City/State/Zip/Phone #)	
(Document Number) entified Copies Certificates of Status Special Instructions to Filing Officer:		07/12/1001007007 **35.00
ertified Copies Certificates of Status Special Instructions to Filing Officer:	(Business Entity Name)	
し し し し し し し	· · ·	- D/withat
し し し し し し し		
Office Use Only	Special Instructions to Filing Officer:	
Office Use Only		
	Office Use Only	DRIEA DRIEA

t ,

COVER LETTER **TO:** Amendment Section **Division of Corporations** SUBJECT: **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: - -(Name of Contact Person) (Firm/Company) siera Address) (City/State and Zip Code) For further information concerning this matter, please call: - 8020 at f (Area Code & Daytime Telephone Number) (Name of Contact Person) - -Enclosed is a check for the following amount: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is cnclosed) enclosed) STREET ADDRESS-MAILING ADDRESS: Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Thilding P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 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:

SKAP Construction, Inc. 73100 SECOND: The document number of the corporation (if known): 2010 The date dissolution was authorized: THIRD: 2010 Effective date of dissolution if applicable: mmen (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 PH 4: 08 Signature: (By a director, 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) (Typed or printed name 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.

SKAF Construction Name of Corporation:

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:

2003 ren are no M/M

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

6300 Sign vobles. 33144

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.

Jacqueline Skaf Printed Name of the Person Filing Signature of th ling

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