

579840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

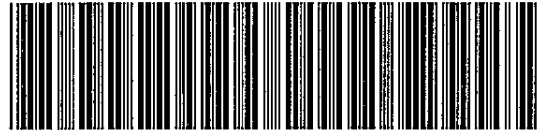
(Business Entity Name)

(Document Number)

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07/07/04--01062--013 \*\*35.00

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04 JUL -7 PM 4:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE  
July 15, 04

Art Diss/w/notice  
@ 7/14/04

TRANSMITTAL LETTER

EFFECTIVE DATE

July 15, 04

TO: Amendment Section  
Division of Corporations

SUBJECT: DISSOLUTION OF KAMA, INC.

DOCUMENT NUMBER: J79840

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

Please return all correspondence concerning this matter to the following:

W. CLYDE DANIEL  
(Name of Person)

5025 BASEBALL POND RD.  
(Name of Firm/Company)

BROOKSVILLE, FL 34602  
(Address)

\_\_\_\_\_  
(City/State/and Zip Code)

For further information concerning this matter, please call:

W. CLYDE DANIEL at (352) 796-8032  
(Name of Person) (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, Florida 32314

STREET ADDRESS:  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

FILED  
04 JUL -7 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

EFFECTIVE DATE  
July 15, 2004

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 Department of State:

KAMA, INC.

SECOND: The document number of the corporation (if known): 579840

THIRD: The date dissolution was authorized: 06/26/1987

Effective date of dissolution if applicable: July 15, 2004  
(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 of 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

STOCK HOLDERS

(voting group)

Signed this 2<sup>ND</sup> day of JULY, 2004

Signature: W. Clyde Daniel

(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)

W. CLYDE DANIEL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED  
04 JUL -7 PM 4:3  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## 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: KAMA, Inc.

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:

FULL DISCLOSURE OF CLAIM FACTS  
INCLUDING DESCRIPTION, DATE OF  
OCCURRENCE AND AMOUNT.

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

W. CLYDE DANIEL  
5025 BASEBALL POND RD.  
BROOKSVILLE, FL. 34602

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.

W. CLYDE DANIEL  
Printed Name of the Person Filing

W. Clyde Daniel  
Signature of the Person Filing