K23015

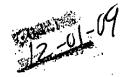
| . (Re | equestor's Name) | |
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| (Address) | | |
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| (Ad | ldress) | |
| (C) | ty/State/Zip/Phone | - #\ |
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| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | ısiness Entity Nar | ne) |
| | | |
| (Do | ocument Number) | _ |
| Certified Copies | Certificates | s of Status |
| | | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: Corporate Dissolution | | | | |
|---|--|--|--|--|
| | | | | |
| DOCUMENT NUMBER: K23015 The enclosed Articles of Dissolution and fee are submitted for filing. | | | | |
| | | | | |
| | | | | |
| Stephen Ehrhardt | | | | |
| (Name of Contact Person) | | | | |
| | | | | |
| (Firm/Company) | | | | |
| 13648 Lake Mary Jane Road | | | | |
| (Address) | | | | |
| Orlando, Florída 32832 | | | | |
| (City/State and Zip Code |) | | | |
| For further information concerning this matter, please call: | | | | |
| | | | | |
| Steve Ehrhardt at (301 | | | | |
| (Name of Contact Person) (Area | a Code & Daytime Telephone Number) | | | |
| Enclosed is a check for the following amount: | | | | |
| S35 Filing Fee S43.75 Filing Fee & \$43.75 Filing Fee & Certified Cope (Additional continuous) | oy Certificate of Status & | | | |
| 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 | nt of Stat | le: | | |
|---------|---|---------------|--------|----------------------|--|
| | East Coast Craftsman, Inc. | _ | | | |
| SECOND: | The document number of the corporation (if known): K23015 | | | _ | |
| THIRD: | The date dissolution was authorized: 06-01-2009 | · | | | |
| | Effective date of dissolution if applicable: 12-01-09 (no more than 90 days after dissolution) | ution file da | ıle) | | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | | | |
| | Dissolution was approved by the shareholders. The number of votes c was sufficient for approval. | ast for d | issolu | ition | |
| | Dissolution was approved by the shareholders through voting groups. | | | | |
| | The following statement must be separately provided for each voting grout to vote separately on the plan to dissolve: | up entitle | rd | | |
| | The number of votes cast for dissolution was sufficient for approval by | 31.0HE | 40N 60 | anne E | |
| | (voting group) | -3 ₹ | 120 | gare mer parental | |
| | | <u> </u> | AM | | |
| | Signature: (By a director, president or other officer - if directors or officers have not been selected, an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, that fiduciary) | | 9: 26 | C | |
| | Stephen W. Ehrhardt | | | | |
| | (Typed or printed name of person signing) | | | | |
| | 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

Name of Corporation: East Coast Craftsman 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:

Claimants: Name, Address, contact info, date and discription of claim

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

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.

13648 Lake Mary Jane Road, Orlando FL 32832

Stephen Ehrhardt

Printed Name of the Person Filing

against this corporation as provided in s. 607.1407, F.S.