

K48439

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Kendrick Investments, Inc.
OOCUMENT NUMBER: K48439
he enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Ortiz, Esq.
(Name of Contact Person)
Michael Ortiz, P.A.
(Firm/Company)
430 S. Dixie Highway, Suite #321
(Address)
Coral Gables, FL 33146
(City/State and Zip Code)
or further information concerning this matter, please call:
Michael Ortiz at (305) 665-5270
(Name of Contact Person) (Area Code & Daytime Telephone Number)
inclosed is a check for the following amount:
\$35 Filing Fee \$\bigsquare \text{\$\subsquare}\$43.75 Filing Fee & \$\bigsquare \text{\$\subsquare}\$
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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:						
	Kendrick Investments, Inc.						
SECOND:	The document number of the corporation (if known): K48439						
THIRD:	The date dissolution was authorized: December 23, 2010						
	'Effective date of dissolution <u>if applicable:</u> December 31, 2010 (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 was sufficient for approval.	cast for	disso	lution			
	Dissolution was approved by the shareholders through voting groups	;.					
	The following statement must be separately provided for each voting gro to vote separately on the plan to dissolve:	oup entii	tled				
	The number of votes cast for dissolution was sufficient for approval by	NEGRETAIN METALLINING	10 DEC 29				
	(voting group)	A OF STATE	PM 12: 03				
:	Signature: (By a director, president or other officer in directors or officers have not been selected an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary that fiduciary)						
	Michael Ortiz						
	(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 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 Corpor	ation: Kendrick	Investments, Inc.	
	on will be the date th Articles of Dissolutio	ne dissolution is filed with the Department of State or as on.	
Description of ir	formation that must	be included in a claim:	
1. Name of	Creditor	2. Amount of Claim	
3. Does Cla	aim bear intere	est	
4. Date of 0	Claim	•	
5. Nature o	of Claim (e.g. f	or goods sold, services rendered, etc.)	
6. Any other	er information	Creditor deems pertinent	
Mailing address	where claims can be	sent: (Claims cannot be sent to the Division of Corporations)	
	c/o Michael O	rtiz, P.A.	
	1430 S. Dixie	Highway	
	Suite #321		

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.

Michael Ortiz, President

Printed Name of the Person Filing

Coral Gables, FL 33146

Signature of the Person Filling

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