

K99283

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

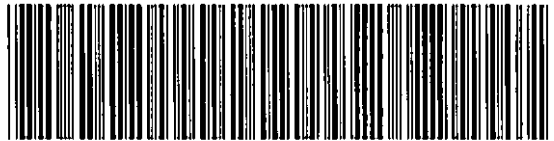
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300314045173

FILED
2018 JUN -4 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/04/18--01048 -012 **52.50

EFFECTIVE DATE

June 30, 2018

Amel Diss/CC
CUI

JUN 06 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NOKOMIS ONE CORP. (VOLUNTARY DISSOLUTION)

DOCUMENT NUMBER: K99283

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

Please return all correspondence concerning this matter to the following:

SYLVIA GARDNER

(Name of Contact Person)

NOKOMIS ONE CORP

(Firm/Company)

22 BATES ROAD STE 142

(Address)

MASHPEE MA 02649

(City/State and Zip Code)

For further information concerning this matter, please call:

SYLVIA GARDNER

(Name of Contact Person)

at (941 - 223 - 8151

(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, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE
June 30, 2018

FILED
2018 JUN -4 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Title of person signing)