M78234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN 11 AM 10:

JAN 13 2016

C McNAIR

ATTORNEY ALAN S. NOVICK
1415 Panther Lane · Suite 152
NAPLES, FLORIDA 34109

239/514-8665

Member of MA and FL Bar

*Florida Bar Board Certified
Wills, Trusts and Estates Lawyer

December 28, 2015

Amendment Section Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN 11 AM 11:

TO: Amendment Section
Division of Corporations
SUBJECT: JACKAMANSA CORP. Dissolution

DOCUMENT NUMBER:

The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Attorney Alan S. Novick (Name of Contact Person)
1415 Panther Lane - Suite 152
Naples, Florida 34109

For further information concerning this matter, please call:

Attorney Alan S. Novick at (508 971 6319)

Enclosed is a check for the following amount:
$43.75 Filing Fee & Certified copy,
(Additional copy is enclosed)

Yours truly,

Alan S. Novick

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 JAN 11 AM 10:

TO: Amendment Section
Division of Corporations

SUBJECT: Jackmamansa Corp.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Attorney Alan S. Novick
(Name of Contact Person)

1415 Panther Lane, Suite 152
(Firm/Company)

_____
(Address)

Naples, FL 34109
(City/State and Zip Code)

For further information concerning this matter, please call:

Atty. Alan S. Novick at (508) 971 6319
(Name of Contact 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, 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 of State:
Jackamansa Corp.

FILED
16 JAN 11 AM 10:
SECRETARY OF STATE
DIVISION OF CORPORATIONS

SECOND: The document number of the corporation (if known): M78234

THIRD: The date dissolution was authorized: Decmber 28, 2015

Effective date of dissolution if applicable: _____
(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)

✓ Signature: Bethany Kastritis
(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)

✓ Bethany Kastritis
(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 Corporation: Jackamansa Corp.

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:

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

1641 Spoonbill Lane Unit B
Naples, FL 34105

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.

✓ Bethany Kastritis
Printed Name of the Person Filing

✓ Bethany Kastritis
Signature of the Person Filing

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