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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

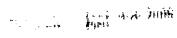
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SECRETARY OF STATE
AND AHASSEE FLORID.





COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

SUBJECT: <u>DI 33DLV110N OF LIQUIDATION OF CO</u> PORATION
DOCUMENT NUMBER: <u>NO 5 0000 00 662</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHARLES PRINKE (Name of Contact Person)
OCEANSIDE FIREPLACE INC.
610/ SW YACHISMANS OR.
STVART, FL, 34997 (City/State and Zip Code)
For further information concerning this matter, please call:
CNARLES RINKE at (112) Z19-1117 (Name of Contact Person) (Area Code & DaytimeTelephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certificate Opy (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations STREET ADDRESS: Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	OCEANSIDE FIREPLACE, INC.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The file date of the articles of incorporation: <u>SAN. 21, 2005</u>		
FOURTH	The corporation has not commenced to conduct its affairs.		
FIFTH:	No debts of the corporation remains unpaid.		
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)		
	The dissolution was authorized by a majority of the directors: OR		
	☐ The dissolution was authorized by an incorporator.		
☐ The dissolution was authorized by a majority of the incorporators. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	PER FEB F		
	SSEE LE		
Signa	ature: hash I there		
	(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	CHARLES A. RINKE (Typed or printed name of person signing)		
	AREGIDENT (Title of person signing)		

Filing Fee: \$35