P0000009398

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	966)	
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•		
(City/	State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
· (Busi	ness Entity Nam	ne)
(Doci	ıment Number)	
(5000)	amone real moon,	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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(Rm 10-22-14

ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	o section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles ion:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
SECOND:	The document number of the corporation (if known): 200000009398.
THIRD:	The date dissolution was authorized: August 30 3014
*** - *	Effective date of dissolution if applicable: #1000
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: Dennifer Richmond 35 8
	(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)
	Jennifer Richmond (Typed or printed name of person signing)
	Title of person signing)
	(Title of person signing) (Fittle of person signing) Filling Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims

-	poration as provided in s. 607.1407, F.S.	
This "Notice of	Corporate Dissolution" is optional and is not required when filing a voluntary dissolution	on.
Name of Corpor	ration: Ubbit Inc	·
	ion will be the date the dissolution is filed with the Department of State or as Articles of Dissolution.	$\mathcal{L} = \mathcal{T}_{\epsilon}$
Description of in	nformation that must be included in a claim:	·
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Mailing address	where claims can be sent: (Claims cannot be sent to the Division of Corporations) 1555 E Monterey St	
	Chandler AZ 85225	P
	—————————————————————————————————————	20
	the above named corporation will be barred unless a proceeding to enforce the claim is fter the filing of this notice.	commenced
Jennis	Fer Richmond Printed Name of the Person Filing Signature of the Person Filing	<u>torid</u>

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

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION of Corporation
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer Richmond
(Name of Contact Person)
Jobit Inc dba Chemony By Juli
(Firm/Company)
P. D. Box 992 11 12 12 12 12 12 12 12 12 12 12 12 12
(Address)
Seffner, FL , 33583-099,2
(City/State and Zip Code)
and the state of t
For further information concerning this matter, please call:
Jennifer Richmond at (813) 967-7443
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\to\$ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301