## P00000043373

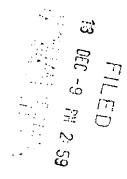
(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies				
Special Instructions to Filing Officer:				

Office Use Only



200253951512

12/09/13--01016--005 \*\*05.00



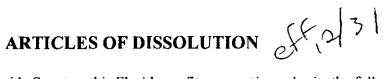
Joint Cox John

## **COVER LETTER**

TO: Amendment Section

Division of Corporations				
SUBJECT: Matz Management C	orporation			
DOCUMENT NUMBER: P00000433	373			
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Brian C. Layman				
(Name of Contact Person)				
Layman, D'Atri & Associates, LLC.				
(Firm/Company)				
4481 Munson St. N.W.				
(Address)				
Canton, OH 44718				
(City/State and Zi	p Code)			
For further information concerning this matter, please call:				
Brian Layman at	(330 ) 493-8833			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:				
Certificate of Status Certif	75 Filing Fee & \$\supersquare\$ \$\\$52.50 \text{ Filing Fee,} \\ \text{Certificate of Status & } \\ \text{Certified Copy} \\ \text{Seed} \\ \text{(Additional copy is enclosed)} \end{array}			
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



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:  Matz Management Corporation		
SECOND:	The document number of the corporation (if known): P0000043373		
THIRD:	The date dissolution was authorized:  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)		
	(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)		
	Perry M. Matz  (Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35

## **Notice of Corporate Dissolution**

	submitted by the dissolved corporation named reporation as provided in s. 607.1407, F.S.	below for resolution of payment of unknown claims
This "Notice o	f Corporate Dissolution" is optional and is not	t required when filing a voluntary dissolution.
Name of Corpo	oration: Matz Management Cor	poration
	nation will be the date the dissolution is filed with a Articles of Dissolution.	th the Department of State or as
Description of	information that must be included in a claim:	
A reasor	nable description of the clair	n being asserted, including
the natu	re and amount of the claim,	whether any interest
obligation	n is fixed by an instrument of	indebtedness, and whether the
claim is	supported by an instrument	of indebtedness
Mailing addres	ss where claims can be sent: (Claims cannot be	e sent to the Division of Corporations)
	C/O: Perry M. Matz	
	4912 50th Avenue, W	
	Bradenton, Florida 34210	
	t the above named corporation will be barred tafter the filing of this notice.	unless a proceeding to enforce the claim is commence
Perry M.	Matz	Signature of the Person Filing
	Printed Name of the Person Filing	Signature of the Person Filing

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