POCCES 99263

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL ·MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only

41709



700145721387

03/16/09--01037--010 **35.00

SECRETARY OF STATE

SECRETARY OF THE

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

Subject: Voluntary Dissolution

Document Number: P00000099263

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

Please return all correspondence concerning this matter to:
Gail Wilson
3911 Hendricks Avenue
Jacksonville, Florida 32207

For further information concerning this matter, please call: Gail Wilson (904) 306-0303

Enclosed is a check for the amount of \$35 for the filing fee.

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 Departme	ent of St	ate:	
	The Bakery at Happy Chefs, Inc.			
SECOND:	The document number of the corporation (if known): P00000099263			
THIRD:	The date dissolution was authorized: 02/28/08			
	Effective date of dissolution if applicable: 12/31/08 (no more than 90 days after disso	lution file	date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes was sufficient for approval.	cast for	dissol	ution
	Dissolution was approved by the shareholders through voting groups	i_		
	The following statement must be separately provided for each voting gro to vote separately on the plan to dissolve:	up entit	led	
	The number of votes cast for dissolution was sufficient for approval by	SECRE TALLAH	2009 MAR 16	esting of
	(voting group)	TARY OF STAT	16 AM 10: 00	
	Signature: DeLoach (By a director, president or other officer - if directors or officers have not been selected an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary that fiduciary)		0	•
	Anna DeLoach (Typed or printed name of person signing)			
	Director			
	(Title of person signing)			

Filing Fee: \$35