

PD1000011885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

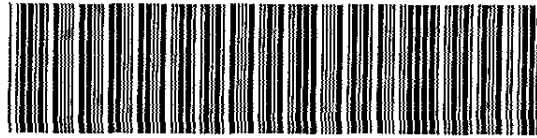
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500028522395

FILED
04 FEB 12 AM 9:41
RECEIVED
TALLAHASSEE, FLORIDA

02/13/04--01065--006 **52.50

PS 2/18/04
DISS/W NOTICE

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kustom Cabinets, Inc

DOCUMENT NUMBER: P01000011885

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

Please return all correspondence concerning this matter to the following:

DARREN McDORMAN
(Name of Person)

Kustom Cabinets, Inc
(Name of Firm/Company)

4566 Hwy 20 E, #204
(Address)

Niceville FL 32578
(City/State/and Zip Code)

For further information concerning this matter, please call:

Joe McDorman at (850) 897-4343
(Name of 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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with Department of State:

Kustom Cabinets, Inc

SECOND: The document number of the corporation (if known): PO1000011885

THIRD: The file date of the articles of incorporation was: 1-31-01

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

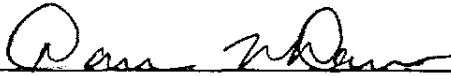
SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signed this 26 day of January, 2004.

Signature: 

(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.)

DARREN MCDORMAN
(Typed or printed name of person signing)

Pres
(Title of person signing)

Filing Fee: \$35

FILED
04 FEB 12 AM 9:41
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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: Kustom Kabinets, Inc

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:

Absolute proof

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

Kustom Kabinets, Inc
4566 Hwy 20 E, #204
Niceville, FL 32578

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.

DARREN McDORMAN

Printed Name of the Person Filing

Dan McDorman

Signature of the Person Filing