## P01000038231

| (Re                     | equestor's Name)  | )           |
|-------------------------|-------------------|-------------|
| (Ad                     | ldress)           |             |
|                         |                   |             |
| (Ad                     | ldress)           |             |
| (Cit                    | ty/State/Zip/Phor | ne #)       |
| PICK-UP                 | WAIT              | MAIL        |
| (Bu                     | isiness Entity Na | me)         |
|                         |                   | _           |
| (Do                     | ocument Number    | · ·         |
| Certified Copies        | _ Certificate     | s of Status |
| Special Instructions to | Filing Officer:   |             |
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09 MAR 23 AM II: 03
SECRETARY OF STATE

C.COULLIETTE

MAR 25 2009

**EXAMINER** 

## **COVER LETTER** .

TO: Amendment Section

| Division of Corporations  |  |  |  |  |
|---|--|--|--|--|
| SUBJECT: Articles of Dissolution  |  |  |  |  |
| DOCUMENT NUMBER: <u>PO10000 38 23</u> /   |  |  |  |  |
| The enclosed Articles of Dissolution and fee are submitted for filing.  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |  |  |
| Name of Contact Person)   |  |  |  |  |
| James McCox Ire   |  |  |  |  |
| (Firm/Company)  |  |  |  |  |
| 24822 Black Creek Ct. (Address)   |  |  |  |  |
| (Address)  Land O Lakes FL 34639  (City/Stale and Zip Code)   |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |
| Tames McCoy at (8/3) 787-5062  (Name of Contact Person) (Area Code & Daytime Telephone 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 & Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed) |  |  |  |  |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301                          |  |  |  |  |

## 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 the Florida Department of   | State:  |                    |
|----------|---|---|--------------------|
|          | James McCoy, Inc.   | -   |                    |
| SECOND:  | The document number of the corporation (if known): POI 0000 3 823   | 31  |                    |
| THIRD:   | The file date of the articles of incorporation: October 16, 2603  |   |                    |
| 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 distribute to the shareholders, if shares were issued.   | $\Xi_{co}$  |                    |
| SEVENTH: | Adoption of Dissolution (CHECK ONE)   | 9 MA  | ************       |
|          | A majority of the incorporators authorized the dissolution.   | MAR 23<br>RETARY<br>KHASSE                                      | Estates<br>Estates |
|          | A majority of the directors authorized the dissolution.   | 09 MAR 23 AM II: 03<br>ECRETARY OF STATE<br>LLAHASSEE, FI ORIDA |                    |
| Sign     | nature: /ams McCoy  |   |                    |
|          | (By a director, president or other officer - if directors or officers have not been selected, by an inco in the hands of a receiver, truster, or other court appointed fiduciary, by that fiduciary.) | rporator - if   |                    |
|          | Tames Mc Coy (Typed or printed name of person signing)  |   |                    |
|          | (Typed or printed name of person signing)   |   |                    |
|          | President   |   |                    |
|          | (Title of Person Signing)   |   |                    |

. . .

Filing Fee: \$35