

PO2000081787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

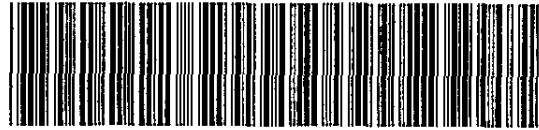
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/14/04--01011--013 \*\*35.00

FILED  
04 JUN -8 PM 4:30  
TALLAHASSEE, FLORIDA

Art Dias  
w/notice  
relief

ATX1

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PACK N MAIL INC

**DOCUMENT NUMBER:** P020000081787

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

Please return all correspondence concerning this matter to the following:

FILED  
04 JUN -8 PM 4:30  
TALLAHASSEE, FLORIDA

MARILYN DELLER, DIRECTOR

(Name of Person)

PACK N MAIL INC

(Name of Firm/Company)

501 ALABAMA AVENUE

(Address)

ST CLOUD, FL 34769

(City/State/and Zip Code)

For further information concerning this matter, please call:

MARILYN DELLER, DIRECTOR

(Name of Person)

at

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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:

PACK N MAIL INC

SECOND: The document number of the corporation (if known): P020000081787

THIRD: The file date of the articles of incorporation was: 7/1/2002

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 8<sup>th</sup> day of June, 2004.

Signature: Marilyn Deleor

(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.)

Marilyn Deleor

(Typed or printed name of person signing)

Director

(Title of person signing)

**Filing Fee: \$35**

FILED  
04 JUN -8 PM 4:30  
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: PACK N MAIL 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:

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

501 Alabama Avenue  
St. Cloud, FL 34769

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.

Marilyn Dellor

Printed Name of the Person Filing

Marilyn Dellor

Signature of the Person Filing