

PO2000107411

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(City/State/Zip/Phone #)

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(Business Entity Name)

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10 APR 15 AM 9:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*diss*  
C.COULLIETTE

APR 19 2010

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Voluntary Dissolution.

**DOCUMENT NUMBER:** PO2006107411

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

Please return all correspondence concerning this matter to the following:

Cheryl Brenner  
(Name of Contact Person)

Homestead United Growers  
(Firm/Company)

18410 SW 244 ST.  
(Address)

Homestead, FL 33031  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cheryl Brenner at (305) 498-1980  
(Name of Contact 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, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, 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:

Homestead United Growers, INC.

SECOND: The document number of the corporation (if known): P02000107411

THIRD: The file date of the articles of incorporation: 10/04/2002

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.

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.)

Cheryl Brenner

(Typed or printed name of person signing)

Power of Attorney (Wife of President)

(Title of Person Signing)

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$35

SCANNED

STATE OF FLORIDA        }  
COUNTY OF MIAMI-DADE    }

### DURABLE POWER OF ATTORNEY

By this Durable Power of Attorney I, BRUCE RONALD BRENNER, of Homestead, Florida appoint my wife, CHERYL ANNE BRENNER, as my attorney-in-fact, to manage my affairs.

This Durable Power of Attorney shall not be affected by any physical or mental disability that I may suffer except as provided by statute and shall be exercisable from this date. All acts done pursuant to this power by my attorney in fact shall bind me, my heirs, devisees and personal representatives. This power of attorney is nondelegable.

All of my property and interest in property are subject to this Durable Power of Attorney.

Without limiting the broad powers conferred by the preceding provisions, I authorize my attorney in fact to:

1. Collect all sums of money and other property that may be payable or belonging to me and execute receipts, releases, cancellations, or discharges.
2. Settle any accounts in which I have any interest and pay or receive the balance of that account.
3. Borrow money on such terms and with such security as may attorney in fact thinks fit and execute all notes, mortgages, and other instruments that my attorney in fact finds necessary or desirable.
4. Draw, accept, endorse, or otherwise deal with any checks or other commercial instruments, specifically including the right to make withdrawals from any checking or savings account.
5. Redeem bonds issued by the United States Government or any of its agencies, any other bonds, any certificates of deposits, or other similar assets belonging to me.

6. Sell any of my assets including but not limited to real estate, bonds, share of stocks, warrants, or debentures; execute all assignments and deeds or other instruments necessary or proper for transferring them to the purchaser or purchasers; and give good receipts and discharges for all money payable with regard to them.

7. Invest the proceeds of any redemptions or sales and any other money bonds, shares of stock and other securities, or real estate, as my attorney in fact thinks fit.

8. Vote at all meetings of stockholders of any company and otherwise act as my proxy with respect to my shares of stock or other securities or investments that now or hereafter belong to me, and appoint substitutes or proxies with respect to any of those share of stock.

9. Execute on my behalf any tax return and act for me in any examination, audit, hearing, conference, or litigation relating to taxes, including the authority to file and prosecute refund claims and enter into any settlements.

10. Prosecute, defend, and settle all actions or other legal proceedings with regard to any of my assets in any manner.

11. Purchase bonds issued by the United States, commonly known as "flower bonds", that can be applied at fact or maturity value on account of estate tax liability.

12. Transfer any of my assets to the trustee of any living trust of which I am or may become grantor.

13. Do anything regarding my estate, property, and affairs that I could do myself, if competent.

14. Make gifts of any of my property in connection with estate and income tax planning procedures for me.

15. Exercise any power of revocation or amendment retained by me over any living trust of which I am or may become grantor.

16. Arrange for and consent to any medical, therapeutic, and/or surgical procedures for me, including the administration of drugs.

17. Enter my safe deposit box held in my name (alone or jointly) and remove any or all contents.

18. Collect and receive all sums of money and other property that may be payable to me by reason of my participation in a qualified retirement plan; by reason of

my being the beneficiary of a participant in a qualified retirement plan, or that may be payable to me, as owner or beneficiary, from an Individual Retirement Account.

19. Make on my behalf any elections of choices available to me and give on my behalf any consents required, by reason of either my participation in or my being the beneficiary of a participant in a qualified retirement plan, and make any elections or choices available to me and give on my behalf any consents required under any Individual Retirement Account of which I am the owner or beneficiary.

20. Establish for my benefit one or more Individual Retirement Accounts with any trustee or custodian.

21. Transfer any of my assets to the trustee or custodian of any Individual Retirement Account established for my benefit.

The powers conferred upon my attorney in fact extend to all of my right, title, and interest in property in which I may have an interest jointly with any other persons, whether in an estate by the entireties, joint tenancy, or tenancy in common.

This instrument is executed by me in the State of Florida, but it is my intention that this power of attorney shall be exercisable in any other state or jurisdiction where I may have any property or interest in property.

Xerographic copies of this instrument shall have the same force and effect as the original.

I hereby confirm all acts of my attorney in fact pursuant to this power.

Any act that is done under this power between the revocation of this instrument and notice of that revocation of my attorney in fact shall be valid unless the person claiming the benefit of the act had notice of that revocation.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 24 day  
of June, 2003

Signed, sealed and delivered  
in our presence of:

[Signature]  
Signature

[Signature]  
Printed Name

[Signature]  
Address

[Signature]  
Signature

[Signature]  
Printed Name

[Signature]  
Address

[Signature]  
BRUCE RONALD BRENNER

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

SWORN TO AND SUBSCRIBED before me this 24 day of June, 2003  
by Bruce Ronald Brenner, who presented  
as identification: [Signature]

[Signature]  
NOTARY PUBLIC, STATE OF FLORIDA  
My commission expires:

