# P02000108699

(Requesto	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

SUBJECT: ARTICLES OF DISSOLUTION &	NOTICE - KATTOUF CONSULTING SERVICES, INC
DOCUMENT NUMBER: P02000108699	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
JAQUELINE L. KATTOUF	
(Name of	Contact Person)
KATTOUF CONSULTING SERVICES, INC.	
(Fir	m/Company)
270 SOUTH SAN AUGUSTIN DR.	
(A	Address)
MOORESVILLE, NC 28117	
(City/Sta	ate and Zip Code)
For further information concerning this ma	atter, please call:
JAQUELINE L. KATTOUF	at ((330) 219-6320
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou	unt:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
<b>MAILING ADDRESS:</b>	STREET ADDRESS:

Amendment Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

#### Filing Fee: \$35

## **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:
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
- COPY OF THE AUTHORIZED INVOICE LISTING:
*PRODUCTS AND/OR SERVICES
*PURCHASE DATE, ADDRESS AND CONTACT INFO OF THE ORGANIZATIN FILING THE CLAIM
- COPY O FTHE ORIGINAL PURCHASE ORDER
- TERMS OF PAYMENT
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  270 SOUTH SAN AUGUSTIN DR.  MOORESVILLE, NC 28117
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.
JAQUELINE L. KATTOUF Jackwell 1 1500
Printed Name of the Person Filing Signature of the Person Filing

# 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 Department of State: KATTOUF CONSULTING SERVICES, INC.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: 12/19/2016
	Effective date of dissolution <u>if applicable:</u>   12/19/2016   (no more than 90 days after dissolution file date)
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	☐ Dissolution was approved by the shareholders through voting groups. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
	Dissolution was approved by the shareholders through voting groups.  The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	(voting group)
	Qua Tillhox
	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)
	JAQUELINE L. KATTOUF
	(Typed or printed name of person signing)
	VICE PRESIDENT & SECRETARY
	(Title of person signing)