

PO2000116649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

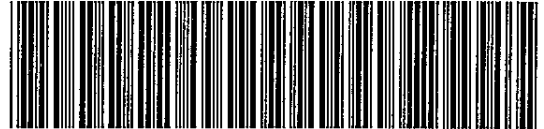
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500039421615

07/26/04--01019--010 **35.00

FILED

04 JUL 26 PM 1:07

CLERK OF STATE
TALLAHASSEE, FLORIDA

Ps 7/28/04
Diss

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF CORPORATION

DOCUMENT NUMBER: P02000116649

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

Please return all correspondence concerning this matter to the following:

DAVID JOHNSON
(Name of Person)

CAPE FINANCIAL GROUP, INC
(Name of Firm/Company)

784 BAYSIDE DRIVE
(Address)

CAPE CANAVERAL, FL 32920
(City/State/and Zip Code)

For further information concerning this matter, please call:

DAVID JOHNSON at (321) 591-9571
(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:

CAPE FINANCIAL GROUP, INC.

SECOND: The document number of the corporation (if known): P02000016649

THIRD: The file date of the articles of incorporation was: 10/28/2002

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.

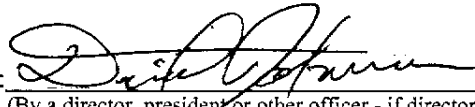
SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signed this 21ST day of JULY, 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.)

DAVID JOHNSON

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35

FILED
04 JUL 26 PM 1:07
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: CAPE FINANCIAL GROUP, 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:

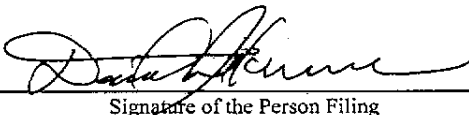
CORPORATION IS NO LONGER CONDUCTING BUSINESS

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

784 BAYSIDE DRIVE
CAPE CANAVERAL, FL 32920

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.

DAVID JOHNSON
Printed Name of the Person Filing


Signature of the Person Filing