PDZDD0135509

(Re	equestor's Name)	•
(Ad	ldress)	
(Ac	idress)	
(Cir	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
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SECRETARY OF STATE



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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Dissolution of CMK Properties, Inc		
DOCUMENT NUMBER: P02000 135509		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Cheryl M. Kirst (Name of Contact Person)		
CMK Properties, Inc. (Firm/Company)		
1025 Lake Gracie Dr. (Address)		
City/State and Zip Code)		
For further information concerning this matter, please call:		
Cheri Kirst at 352 357 8035 (Name of Contact Person) (Area Code) (Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\times \$\\$43.75 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) \$\times \frac{1}{2} \\$43.75 Filing Fee & 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 Circle		

Tallahassee, FL 32301

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:	
	CMK PROPERTIES, INC	
SECOND:	The document number of the corporation (if known): P02000135509 The date dissolution was authorized: 12/31/2014	
THIRD:	The date dissolution was authorized: 12/31/2014	
	Effective date of dissolution if applicable:	
	(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.	
	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	
	Cheryl Kirst	
,	(voting group)	
	ZOIS NOV SECRETALLAHA	
	Signature: Cheryl Kinot SSR 2 I	
	(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)	
	Chenyl Kirst	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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: CMK Properties, 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:
Name, address, phone number, full description of claim
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 1025 Lake Gracie Dr.
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.
Cheny M. Kust Printed Name of the Person Filing Cheny M. Kyst Signature of the Person Filing