## P03000013158

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations		· *.	
SUBJ	ECT: Dissolution of K	ent Nelson	PA	
DOC	UMENT NUMBER:		· · · · · · · · · · · · · · · · · · ·	
The er	nclosed <b>Articles of Dissolution</b> and f	fee are submitted for	r filing.	
Please	return all correspondence concerning	g this matter to the	following:	
	Kent Nelson (Name of	Contact Roman)		
Kent Nelson PA (Firm/Company)				
10621 NW 49-1 Street (Address)				
(1.100.000)				
Coval Springs, FL 33076 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
_Kº	ハナ Nelson (Name of Contact Person)	at (786	) <u>299 -2733</u>	
			ode & Daytime Telephone Number)	
Enclos	sed is a check for the following amou	int:		
<b>∑</b> \$35	Filing Fee \$\infty\$	\$43.75 Filing Fe Certified Copy (Additional copy enclosed)	Certificate of Status &	
	MAILING ADDRESS: Amendment Section		STREET ADDRESS: Amendment Section	
	Division of Corporations		Division of Corporations	
	P.O. Box 6327		Clifton Building	
	Tallahassee, FL 32314		2661 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: Kent Nelson PA The document number of the corporation (if known): YO3 0000 13058 SECOND: The date dissolution was authorized: <u>December 31</u> 2007 THIRD: Effective date of dissolution if applicable: December, 31, 2007 (no more than 90 days after dissolution file date) 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 (voting group) Signature: (By a director, president or other officer - if directors or officers have not been selected, by

> Kent Nelson (Typed or printed name of person signing)

an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by

Managing Director
(Title of person signing)

Filing Fee: \$35

that fiduciary)

## **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. Kent Nelson PA Name of Corporation: 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: · Contact Information (Phone #, and/or email address) · Brief dogricotion of the claim Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00