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ANT DISS

COVER LETTER

TO: Amendment Section
Division of Corporations
SUBJECT: HATICLES OF DISSOLUTION
DOCUMENT NUMBER: <u>Pa30000 13757</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CANDY CARLSON
(Name of Contact Person)
CANDY CARLSON, INCOPPORATED (Pirm/Company)
4147 CENTER GATE BLVD. (Address)
· · · · · · · · · · · · · · · · · · ·
SARASOTA, FL (34233 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (941) 925-3088 222 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\ \text{\$35 Filing Fee} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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: CANDY CARCSON INCORPORATED	
SECOND:	The document number of the corporation (if known): Po300013757	
THIRD:	The file date the articles of incorporation: $\frac{1}{29/0.3}$	
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 other - 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.)		
	(Typed or printed name of person signing)	
	RESIDENT (Title of Person Signing)	

Filing Fee: \$35