(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



100257464201

03/27/14--01011--001 **35.00

Dissolution Whotice

APR - 3 2014 T. CARTER

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Modern machine Corport	HTOD - DILSOLUTION
DOCUMENT NUMBER: P0300017	1457
The enclosed Articles of Dissolution and fee are s	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
BOB STOENE	
(Name of Contac	t Person)
COUNTY MATERIALS CORP. (Firm/Com	
(Firm/Comp	• •
PO BOX 100	
(Address)	
MARTHON, WI 54448	
(City/State and	Zip Code)
For further information concerning this matter, ple	ease call:
Bo B STOFIL a (Name of Contact Person)	t (<u>715</u>) <u>848-1365</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	.75 Filing Fee & \$\sum \\$52.50 Filing Fee, cified Copy litional copy is certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 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:							
	Mobeln machine Coefolation							
SECOND:	The document number of the corporation (if known): Po300017457							
THIRD:	ne date dissolution was authorized: 3/15/2014							
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file)	le date)	_					
FOURTH:	Adoption of Dissolution (CHECK ONE)							
	Dissolution was approved by the shareholders. The number of votes cast fo was sufficient for approval.	r dissolu	ition					
☐ 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 an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	14 MAY 27 PH 2: 39	SECRE IN RY OF STAT					
	(Typed or printed name of person signing)							
	SEC RETARY							
	(Title of person signing)							

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by against this corporation as				esolution of payment of unknown claims
This "Notice of Corporate	Dissolution	" is optional and	is not required w	hen filing a voluntary dissolution.
Name of Corporation:	moseen	MACH ZOVE	COLLEGE	Top
Date of dissolution will be specified in the <i>Articles of</i>			ed with the Depa	rtment of State or as
Description of information	that must b	e included in a cl	aim:	
Cultes of	IMU	ices or	PACOF OF	LJABILITY OF
hopen my	CHAME.	Callolas Ic	∼ ·	
Mailing address where cla	ims can be s	·		Division of Corporations)
1	WALA-TI40			
180010				
A claim against the above within 4 years after the fili			rred unless a pro	ceeding to enforce the claim is commence
8oβ ≤	70E Hr_	Son Filing		Astual

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