P0300018144

(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:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Articles o-	f Dissolution
DOCUMENT NUMBER: PO3000	0048744
The enclosed Articles of Dissolution and for	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Barbara D. Sr	Oontact Person)
Bs Enterpris	
P.D. Box 5516	75 Opg Locka, Flq 3305
(City/Stat	te and Zip Code)
For further information concerning this mat	ter, please call:
Barka D. Smith (Name of Contact Person)	at (<u>678 663</u> 7282) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount	nt:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & U \$52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
Mailing Address: Amendment Section	Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

	ARTICLES OF DISSOLUTION (Company)
Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit comporation submits the following actions
FIRST:	The name of the corporation as currently filed with the Florida Department of State: Bs Enterprises, Inc.
SECOND:	The document number of the corporation (if known): P030000 48744
THIRD:	The date dissolution was authorized: December 30, 2023
	Effective date of dissolution if applicable: December 31, 2023
	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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	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)
	Barbara D. Smith (Typed or printed name of person signing)
	and the second of the second o

Filing Fee: \$35

Owner (Title of person signing)

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: Bs Enterprises Inc
The above named corporation is the subject of dissolution and the effective date of a dissolution is:
December 31,2023 (date filed with the Dept. if date specified in the Articles of Dissolution)
Description of information that must be included in a claim:
Ettective date of Bs Enterprises, Inc
date of dissolution December 31,2023
Contact Person Barbara Dismith
Effective date of Bs Enterprises, Inc date of dissolution December 31,2023 Contact Jerson Barbara Dismith J.O. Box 551675 opg Locks Flq 33055
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)
Please Mail to P.O. Box 551675
Opa Locka, Fla 33055 Attention: Ms
Barbara D. Smith
· · · · · · · · · · · · · · · · · · ·

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.

Barbara D. Smith

Printed Name of the Person Filing

Barbara D. Smith

Signature of the Person Filing

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

COVER LETTER

Division of Corporations
SUBJECT: Articles of Dissolution
DOCUMENT NUMBER: <u>P030000 48744</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Barbara D. Smith (Name of Contact Person)
Bs Enterprises Inc. (Firm/Company)
(Firm/Company)
P.D. Box 551675 Obg Locka, Flg 3305
(Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Barbara D. Smith at (678 663 7282) (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations The Content of Table 1

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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:
	Bs Enterprises, Inc.
SECOND:	The document number of the corporation (if known): P03000 48744
THIRD:	The date dissolution was authorized: December 30,2023
	Effective date of dissolution if applicable: Decomber 31, 2073
	(no more than 90 days after dissolution file date) not be listed as the document's effective date on the Department of State's records.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	\mathcal{R}
S	(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 liduciary)
	Barbara D. Smith (Typed or printed name of person signing)
-	Owner
	LIMICAL DOTTON FIGURE

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: BS Enterprises Inc
The above named corporation is the subject of dissolution and the effective date of a dissolution is:
<u>December 31,2023</u>
(date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim:
Effective date of Bs Enterprises, Inc
date of dissolution December 31, 2023 Contact Person Barbara D. Smith
Contact Person Barbara De Smith
P.O. Box 551675 opg Locky Flq 33055
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)
Please Mail to P.O. Box 551675
Opa Locka, Fla 33055 Attention: Ms
Barbara V. Smith
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the Still and the commenced 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