# P03000084374

(Requestor's Name)
(Address)
(Address)
( www.
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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#### **COVER LETTER**

TO: Amendment Section

Division of Corporations		
SUBJECT: Articles of Dis	5 Salution	
DOCUMENT NUMBER:	374	
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:	
himberly Mench Name of Contact	NOO.	
Name of Contact	Person)	
himberly Clark (Firm/Compa	Menchion, PH	
2153 Game Bird Co (Address)		
(Address)		
Tallahassee FL36 (City/State and Z	ip Code)	
For further information concerning this matter, please call:		
Name of Contact Person)	(850) 459-6650 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
	ied Copy Certificate of Status & Certified Copy	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

### 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:		
	Kimberly Clark Merchion, PA	_		
SECOND:	The document number of the corporation (if known): PO3000843	<u> 2</u> 94		
THIRD:	The file date of the articles of incorporation: June 09, 2008			
FOURTH:	(CHECK AT LEAST ONE BOX)			
	None of the corporation's shares have been issued.			
	The corporation has not commenced business.		٠	
FIFTH:	No debt of the corporation remains unpaid.			
SIXTH:	The net assets of the corporation remaining after winding up have been distrito the shareholders, if shares were issued.	buted		
SEVENTH:	Adoption of Dissolution (CHECK ONE)	SECH ALLA	,80	
	A majority of the incorporators authorized the dissolution.	HAS	I NO	T
	A majority of the directors authorized the dissolution.	RY OF STATE SEE. FLORIDA	1 AH 8: 49	
Sign	(By a director, president of other officer - if directors or officers have not been selected, by an incin the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	corporator -	if	
	Kimberly C. Menchion (Typed or printed name of person signing)			
	(Title of Person Signing)			

Filing Fee: \$35

### 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:
	Kimberly Clark Merchion, PA
SECOND:	The document number of the corporation (if known): P0300084374
THIRD:	The file date of the articles of incorporation: June 09, 2008
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.
Sign	(By a director, president of 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.)
	(Typed or printed name of person signing)
	(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: Kimberly Clark Menchion, PA
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 of Greditor
Date when claim became due.
Proof of claim such as contract, agreement,
or invoice.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Mimberly Menchion
2153 Came Bird Court
Tallahassee, FL 32311
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