

P0300009/671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

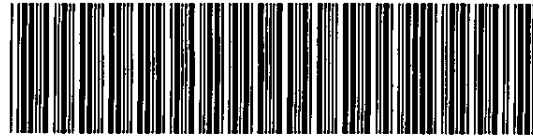
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2007 JAN 29 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*dis.*

C. Coulllette JAN 31 2007

(( ( H07000020903 3) )

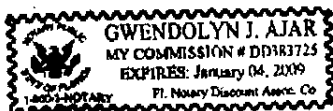
IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation in the State of Florida this 25 day of January, 2007.

  
TANA DARLEY, Incorporator

STATE OF FLORIDA  
COUNTY OF MARION

Before me personally appeared TANA DARLEY to me well known and known to me to be the person described in and who executed the foregoing Articles of Incorporation and acknowledged to and before me that he executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this the 25 day of January, 2007.



  
Notary Public, State of Florida

**ACCEPTANCE BY DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

I, the undersigned person, having been named as registered agent and to accept service of process for the above-stated Corporation at the place designated in this statement, hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DATED: January 25, 2007

  
TANA DARLEY

Daniel Hicks, P.A.  
421 South Pine Avenue  
Ocala, Florida 34474-4175  
Telephone: (352) 351-3353  
Facsimile: (352) 351-8054  
Florida Bar No: 0145139

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation

**DOCUMENT NUMBER:** P03000091671

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Colette F Scott-McGinnis

(Name of Contact Person)

CSM & JDM Inc

(Firm/Company)

2674 Cedarglen Dr

(Address)

Dunedin, FL 34698

(City/State and Zip Code)

For further information concerning this matter, please call:

Colette F Scott-McGinnis

(Name of Contact Person)

at 727-733-3201

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☒ \$52.50 Filing Fee, Certificate of Status & 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:

CSM & JDM Inc

SECOND: The document number of the corporation (if known): P03000091671

THIRD: The date dissolution was authorized: 12/31/2006

Effective date of dissolution if applicable: 12/31/2006

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

Colette F Scott-McGinnis

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

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