P03000149453

| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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| Special Instructions to Filing Officer: |
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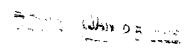
Office Use Only



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01/23/06--01035--001 **35.00







COVER LETTER

TO: Amendment Section

| Division of Corporations |
|--|
| SUBJECT: DISSOLUTION OF CORPORATION |
| DOCUMENT NUMBER: <u>P03000149453</u> |
| The enclosed Articles of Dissolution and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| CCAUDINE MICZ (Name of Contact Person) |
| |
| CJS FOUDS INC. (Firm/Company) |
| 984 BELVILLE BLVD. |
| 984 BELVILLE BLVD. (Address) |
| NAPLES , FLORUPA 34/04 (City/State and Zip Code) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| CLAUDINE MICZ at (239) 353-4145 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$35 Filing Fee \$\to\$ |
| 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: |
|---------|--|
| | CJS FOODS INC |
| SECOND: | The document number of the corporation (if known): <u>Po 7000149453</u> |
| THIRD: | The date dissolution was authorized: 01/17/06 |
| | Effective date of dissolution if applicable: 01/17/06 (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 of 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 officers if directors or officers have not been selected, in an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by |
| | that fiduciary) ANN 23 CLAUDINE MILL CLAUDINE MI |
| | (Typed or printed name of person signing) Control Tonical Toni |
| | PRESIDENT (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: CTS ROOS (NC |
| 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: |
| NONE AT THIS TIME / 1/16 CLAIMS |
| |
| |
| |
| Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) |
| NAMES, FLORIDA 34/04 |
| |
| 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. |
| CCAUDING MICZ Printed Name of the Person Filing Signature of the Person Filing |