

PO3000 153 746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

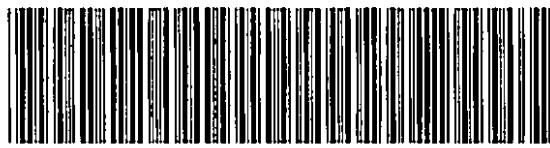
(Document Number)

Certified Copies _____ Certificates of Status _____

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Wrong Form

Office Use Only



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03/26/19 61021 --024 -\$43.75

STATE OF MASSACHUSETTS
DEPT. OF CORPORATIONS
16 APR 19 PM 3:05

Dear [Redacted]

APR 24 2019

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISCLOSURE OF CORPORATION.

DOCUMENT NUMBER: PO 300015 3146

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

Please return all correspondence concerning this matter to the following:

PLATED STYLIZED

(Name of Contact Person)

CLERICAL & PAPERS

(Firm/Company)

1290 HIGHLAND ST

(Address)

SMASHED FEA 34/234

(City/State and Zip Code)

For further information concerning this matter, please call:

REGISTRATION OF STATE AND FOREIGN CORPORATIONS

PAUL STANFORD

(Name of Contact Person)

at (991) 3511869

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2019

RONALD STANNARD
CUSTOM POOL & PAVER
1290 HIGHLAND ST
SARASOTA, FL 34234

SUBJECT: CUSTOM POOL & PAVER, INC.
Ref. Number: P03000153746

We have received your document for CUSTOM POOL & PAVER, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Non Profit, but your entity is a Florida Profit. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 919A00006927

RECEIVED

2019 APR 19 AM 10:20

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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:

Custom Party Plans

SECOND: The document number of the corporation (if known): PS#3000153746

THIRD: The file date of the articles of incorporation: 1/2/18

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.

12 APR 19 PM 3:05
FLORIDA
DEPARTMENT OF STATE
AGENCY FOR
CORPORATIONS

Signature:

Richard Stevens, Jr.

(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.)

Richard Stevens, Jr.

(Typed or printed name of person signing)

President

(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: CHS FM PLT & PARTS

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:

Change of Business

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

1290 HICKORY ST

JACKSON FLA

34034

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.

Patricia Stevens

Printed Name of the Person Filing

Patricia Stevens

Signature of the Person Filing

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