P04000014142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

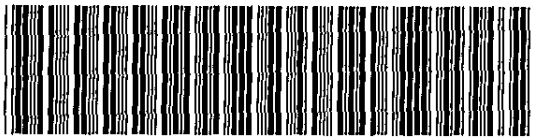
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600042233546

600042233546
11/29/04--01008--003 **43.75

FILED
04 NOV 24 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

As 11/29 dissol

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH FLORIDA CUSTOM CABINETRY AND WOODWORKINGS INC.

DOCUMENT NUMBER: P04000014142

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

Please return all correspondence concerning this matter to the following:

Barbara Sharief
(Name of Person)

SOUTH FLORIDA CUSTOM CABINETRY AND WOODWORKING INC.
(Name of Firm/Company)

740 NW 207th Avenue Pembroke Pines
(Address)

Pembroke Pines FL 33029
(City/State/and Zip Code)

For further information concerning this matter, please call:

Barbara Sharief at (954) 292 9449
(Name of Person) (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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:

SOUTH FLORIDA CUSTOM CABINETRY AND WOODWORKINGS INC.

SECOND: The document number of the corporation (if known): P04000014142

THIRD: The file date of the articles of incorporation was: 11/20/04

FILED
04 NOV 24 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Signed this 14th day of November, 2004.

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 SHARIEF

(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: SOUTH FLORIDA PEDIATRIC HOMECARE INC

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:

Any and All information necessary to resolve the claim.

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

740 NW 207th Avenue
Pembroke Pines FL 33029

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 SHARIEF
Printed Name of the Person Filing

Signature of the Person Filing

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