P04000030394

(Requestor's Name)
(Address)
(Addiess)
(Address)
(6) 19 17 (8)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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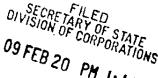
FILEU SECRETARY OF STATE IVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: OCAMPO REMODEL	ING INC	•
DOCUMENT NUMBER: P0400003	30394	
The enclosed Articles of Dissolution and	fee are submitted for	or filing.
Please return all correspondence concerning	ng this matter to the	following:
GLADYS DEL VALLE		
(Name of	Contact Person)	
MBA GROUP PROFESSIONA	L CORP	
(Fir	m/Company)	
9951 ATLANTIC BLVD STE 31	4	
(/	Address)	
JACKSONVILLE FL 32225		
(City/St	ate and Zip Code)	,
For further information concerning this ma	atter, please call:	
G. DEL VALLE	at (_904	_) 805-9790
(Name of Contact Person)	(Area (Code & Daytime Telephone Number)
Enclosed is a check for the following amo	unt:	
✓\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing I Certified Copy (Additional copenclosed)	Fee & \$\sumsymbol{\sumsymbol{\subsymbol{\sin}\subsymbol{\s
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 $\frac{OIV_{IS/ON}^{SECRETARY} OF STATE}{O9FEB20}$ Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following 1:44 articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	OCAMPO REMODELING INC.
SECOND:	The document number of the corporation (if known): P0400030394
THIRD:	The file date of the articles of incorporation: 02/16/2004
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	ature: Lahles Olens
•	(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.)
	ALEJANDRO OCAMPO
	(Typed or printed name of person signing)
	PRESIDENT (Title of Person Signing)
	(Time of Ferson Digiting)

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: OCAMPO REMODELING INC .
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
ATTENTION. A. OCAMPO
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
13953 BLUEGRASS DR
JACKSONVILLE FL 32250
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.
ALEJANDRO OCAMPO

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

Printed Name of the Person Filing