## P040000 49998

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## TRANSMITTAL LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: Komfy Baby, Inc.
SUBJECT: Komfy Baby, Inc.  DOCUMENT NUMBER: PO 40000 4 9998
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
YAARA REEVE (Name of Person)
HOMFYBARY, Inc. (Name of Firm/Company)
14061 SUN 149 PL. / PO BOX 163532
(Address)  Micmi, FL 33196  (City/State/and Zip Code)  (Address)  Mani, FL 33116
For further information concerning this matter, please call:
YAARA Rever at (365) 720 6300 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, Florida 32314Tallahassee, Florida 32399

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	T: The name of the corporation as currently filed with Department of State:				
	homfybaby Inc.				
SECOND:	The document number of the corporation (if known): PO 4000 4 9998				
THIRD:	The file date of the articles of incorporation was: MARCH 19, 2004				
FOURTH:	(CHECK AT LEAST ONE BOX)				
	None of the corporation's shares have been issued.				
	(CHECK AT LEAST ONE BOX)  None of the corporation's shares have been issued.  The corporation has not commenced business.  No debt of the corporation remains unpaid.				
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 26 day of JAN , 2005.				
Signat	ure:  (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the bands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)				
	Typed or printed name of person signing)				
	Resident Director (all Resitions)				

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: Kontybuby J	<u> </u>		
Date of dissolution will be the date the dissolution is filed with th specified in the Articles of Dissolution.	e Department of State or as	05 JAN 3	
Description of information that must be included in a claim:		31 188E	
Prouve sout down +1	re Cooperc	HE S	
(DUSCLAE)		RIDA 38	
Maíling address where claims can be sent: (Claims cannot be sent	t to the Division of Corpora	tions)	
YAARA REEVE			
14001 Sw 149	PC		
micmi, FC =	3196		
A claim against the above named corporation will be barred unless is commenced within 4 years after the filing of this notice.	is a proceeding to enforce th	e claim	
YAARA REEVE	yaara	pelv	<b>C</b> .
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