# P04000107222

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

BUBJECT: DISSOLUTION OF CORPORATION	
DOCUMENT NUMBER: P04000107222	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JONATHAN BROWN	
(Name of Contact Person)	
JONATHAN'S FLOWERS, INC.	
(Firm/Company)	
325 S ORLANDO AVE, SUITE 5	
(Address)	
WINTER PARK, FL 32789	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
JONATHAN BROWN at (407-590-3745	
(Name of Contact Person) (Area Code) (Daytime Telephone Num	ber)
Enclosed is a check for the following amount:	
■\$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status & Certificate of Stat	

## **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: JONATHAN'S FLOWERS, INC.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: 07/29/16		
	Effective date of dissolution if applicable: 07/29/16		
	(no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.		
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes east for dissolution was sufficient for approval.		
	☐ Dissolution was approved by the shareholders through voting groups.   →		
	☐ Dissolution was approved by 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		
	JONATHAN BROWN /OWNER		
	(voting group)		
	Signature:  By diffector, 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)		
	JONATHAN BROWN		
	(Typed or printed name of person signing)		
	CEO / OWNER		
	(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. JONATHAN'S FLOWERS, INC. Name of Corporation: 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: PAPER RECEIPT, ITEMIZED LIST OF CLAIM Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 325 S ORLANDO AVE, SUITE 5, WINTER PARK, FL 32789 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. JONATHAN BROWN Printed Name of the Person Filing