P04000111005

(Re	questor's Name)		
(Ada	dress)		
(Add	dress)		
(City/State/Zip/Phone #)			
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SECRETARY OF STATE
SECRETARY OF STATE

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TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of Joseph Colle	ections Inc.
DOCUMENT NUMBER: P04000111005	
The enclosed Articles of Dissolution and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	er to the following:
Abee Moses	
(Name of Person)	
Joseph Collections Inc.	
(Name of Firm/Company)	
6193 Rock Island RD, APT # 2	04
(Address)	
Tamarac, FL 33319	
(City/State/and Zip	Code)
For further information concerning this matter, please	call:
Abee Moses at (954 234-9687
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified	nal copy is Certified Copy
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 the Florida Department of State:
	Joseph Collections Inc.
SECOND:	The document number of the corporation (if known): P04000111005
THIRD:	The file date the articles of incorporation: 07/28/2004
FOURTH:	(CHECK AT LEAST ONE BOX)
	(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.
	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.
Si	gned this 26day of May
Sign	(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.)
	Abee Moses (Typed or printed name of person signing)
	President, CEO, Owner and Agent (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: Joseph Collections Inc.		
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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:

This business (Joseph Collections Inc) was never opened, I was just planning.

Due to school, work and financial situation, I canceled the plan to open this business.

I want to close or remove this business from the State of Florida and or U.S. Department of Corporations. I don't want to be liable for any Corporations, As a good citizen I am asking Florida State, Department of Corporation to Dissolution Joseph Collections INC.

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

Abee Moses	
6193 Rock Island RD, APT # 204	
Tamarac, FL 33319	

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.

Abee Moses

Printed Name of the Person Filing

Signature of the Person Filing