(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(conjugate to the try
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

Office Use Only



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06/12/08--01004--006 \*\*35.00



ASR 6/13/08

## **COVER LETTER**

'TO: 'Amendment Section

Division of Corporations
SUBJECT: DISSOUR T'KS Vending & Miamitha
DOCUMENT NUMBER: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joyce E. Holling Sworth
(Name of Contact Person)
TK'S Vending of Miami (In.
12531 SW 18th (Jt. (Address)
Miraman, Fl. 33027 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (186 ) 22.7-3690 (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)  \$\bigcup \\$35 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
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

FILED

of dissolutio	n: 2008 JUN 12 PM 3: 33
EIDOT	SECRETARY OF STATE
FIRST:	The name of the corporation as currently filed with the Florida Department of State LORIDA
	TICS vending of miami, Inc.
SECOND:	The document number of the corporation (if known): POHOOO 117510
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	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
	Majority
	(voting group)
	Signature:  (By a director, president or other officer - if directors or officers have not been selected, by
	(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)
	Toyce & Hollingwith  (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person cigning)

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: TKS Vending & Hiami, 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:
Clast d
NA
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
12531 Sw 18th (7.
12531 Sw 18th (57. Miraman Fl. 33D27
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
Kira H. King King D.L
Printed Name of the Person Filing  Signature of the Person Filing