## P04000119665

(Re	equestor's Name)	
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Desolution
DOCUMENT NUMBER: PO4000119665
The enclosed Articles of Dissolution and fee are submitted for filing.
The enclosed Articles of Dissolution and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:
(Name of Person)
Sccopers Deuxe Two. (Name of Firm/Company)
3324 W. University Ave. Ste 3/3 (Address)
Gainesville, FL 32607 (City/State/and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (954) 232704 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\to\$
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 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Department of State:
	Scooper's Deluxe Inc.
SECOND:	The document number of the corporation (if known): 04000 +19665
THIRD:	The date dissolution was authorized: 11/19/04
	Effective date of dissolution if applicable: 11/19/64 (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 of 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
	(voting group)
	Signed this $19$ day of $100$ , $200$ .
Signati	(By a director, president of 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)
	(Typed or printed name of person signing)
	Tresident (Title of person signing)  AND TREE TO SEE TO SE
	Filing Fee: \$35