

PD4000134822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

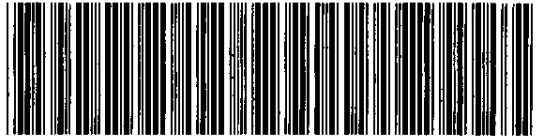
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/05/09--01071--014 **43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN -5 AM 9:34

Ant Diss/cus
w/notice
@ 1/13/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE ROYAL HJINX OF DUBB: OLAF, INC.

DOCUMENT NUMBER: P04000134822

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLIN LONG

(Name of Contact Person)

THE ROYAL HJINX OF DUBB AND OLAF, INC

(Firm/Company)

P.O. BOX 556, EAU GALIE STATION

(Address)

MELBOURNE FL 32936-0556

(City/State and Zip Code)

For further information concerning this matter, please call:

CARLIN LONG

(Name of Contact Person)

at (321) 506-1711

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☒ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & 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 607.1401, 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:

THE ROYAL HENIX OF DUBS: OLAF, INC.

SECOND: The document number of the corporation (if known) PO4000134822

THIRD: The file date of the articles of incorporation: 9/24/2004

FOURTH: (CHECK AT LEAST ONE BOX)

- ☒ None of the corporation's shares have been issued.
- ☐ 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.

Signature: _____

(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.)

S. CARLIN LONG

(Typed or printed name of person signing)

INCORPORATOR

(Title of Person Signing)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 JAN -5 AM 9:34

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: THE ROYAL HJINX OF DUBB : OLAF, 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:

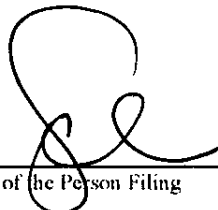
COPY OF ORIGINAL GUARANTOR AGREEMENT
COPY OF INSTRUMENT OF DEBT W/ SIGNATURE/AUTHORIZATION OF OFFICER
HISTORY OF ACTIVITY SINCE INITIATION OF DEBT.
ITEMIZED: ACCRUED INTEREST, FEES/PENALTIES: OUTSTANDING
PRINCIPLE TO-DATE
NAME, DIRECT PHONE #/EXT OF INDIVIDUAL HANDLING MATTER

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

S. CARLIN LONG.
ROYAL HJINX OF DUBB : OLAF, INC
BOX 556, EAU GAULIE STATION
MEADOWBURN FL 32936-0556

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.

S. CARLIN LONG
Printed Name of the Person Filing


Signature of the Person Filing