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(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE

TALLAHASSIT FLORIDA

JAN 07 2016

K. Worll'E

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: DISSOLUTION OF LORDS F	ARM AND NURSERY, INC.
DOCUMENT NUMBER: P040001499	019
The enclosed Articles of Dissolution a	nd fee are submitted for filing.
Please return all correspondence concer	ming this matter to the following:
STEVEN AUMONTE	
(Name	of Contact Person)
LORDS FARM & NURSERY, INC.	
	Firm/Company)
157 ST LUCIE ST	,
	(Address)
LAKE PLACID, FL 33852	
(City	/State and Zip Code)
For further information concerning this	matter, please call:
STEVEN AUMONTE	at (954-7523889
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following a	mount:
■ \$35 Filing Fee □ \$43.75 Filing Fee Certificate of Stat	c & U \$43.75 Filing Fee & U \$52.50 Filing Fee, us Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	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: LORDS FARM & NURSERY INC			
SECOND:	07/27/2015			
THIRD:				
	Effective date of dissolution if applicable: (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 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.			
	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)			
	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)			
	STEVEN AUMONTE			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(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: LORDS FARM & NURSERY INC
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
157 SAINT LUCIE ST
LAKE PLACID, FL 33852
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.
STEVEN AUMONTE X
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00