(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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TALLAHASSEE FLORIG

10/28/08

COVER LETTER

TO: Amendment Section Division of Corporations		
Division of Corporations		
SUBJECT: Arthur Owens & Assoc	iates, Inc.	
DOCUMENT NUMBER: P05000002	2758	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Dissolution and fe	e are submitted for filing	g.
Please return all correspondence concerning	this matter to the follow	ving:
Arthur Owens		
(Name of C	Contact Person)	
(Firm	/Company)	
1335 13th Street	,	· · · · · · · · · · · · · · · · · · ·
	ldress)	
West Palm Beach, FL 33401		
(City/State	e and Zip Code)	
For further information concerning this matt	ter, please call:	
Arthur Owens	at (_561) _8:	32-4267
(Name of Contact Person)	(Area Code &	Daytime Telephone Number)
Enclosed is a check for the following amour	nt:	
□\$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	Ame Divis Clifte	EET ADDRESS: Indment Section Ission of Corporations Industrial Corpo

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED

Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation appares The Zollowing anticles		
or aissoluti	SECRETARY OF STATE TALLAHASSEE. FLORIDA		
FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	Arthur Owens & Associates, Inc.		
SECOND:	The document number of the corporation (if known): P05000002758		
THIRD:	The date dissolution was authorized: 10/15/08		
	Effective date of dissolution <u>if applicable</u> : 10/15/08 (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		
(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)		
	Arthur D. Owens (Typed or printed name of person signing)		
	President		
	(Title of payon 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 Corp	oration: Arrnur Owens & Associates,	inc.	
	ution will be the date the dissolution is filed with the Articles of Dissolution.	e Department of State or as	
Description of	information that must be included in a claim:		
Proof of c	laim		_
			_
			_
			_
			-
Mailing addre	ss where claims can be sent: (Claims cannot be sent	t to the Division of Corporations)	
	Arthur Owens		
	1335 13th Street		
	West Palm Beach, FL 33401		
	st the above named corporation will be barred unles after the filing of this notice.	ss a proceeding to enforce the claim is commence	∍d
Arthur D.		Anthur D. Quens	_
	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