POS0000 13388

(Re	equestor's Name)		
(Ac	ldress)		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:		
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COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
SUBJECT: DISSOLUTION of COXPCapital Distribution Inc
DOCUMENT NUMBER: POSOOOL3388
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stephen C George (Name of Contact Person)
Capital Distribution Inc (Firm/Company)
9761 SW 123 St (Address)
MIAMI FC 33176 (City/State and Zip Code)
For further information concerning this matter, please call:
Stephen George at (305) 234-9877 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigsquare \text{\$43.75 Filing Fee & \$\bigsquare \text{\$43.75 Filing Fee & \$\bigsquare \text{\$52.50 Filing Fee,}}\$ Certificate of Status & Certified Copy & Certificate of Status & Certified Copy & Certified Cop
MAILING ADDRESS: Amendment Section Division of Cornerations STREET ADDRESS: Amendment Section Division of Cornerations

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:	IRST: The name of the corporation as currently filed with the Florida Department of State:		
	Capital Distribution, Inc		
SECOND:	The document number of the corporation (if known): <u>P050001338</u>	_8 <u>≥</u> °	S
THIRD: The file date of the articles of incorporation: Jan 24, 2005		HAY!	U6 MAY -5
FOURTH:	(CHECK AT LEAST ONE BOX)	ASSEI ASSEI	J
	None of the corporation's shares have been issued.	OF STATE E. FLORID,	PH 12: 50
	The corporation has not commenced business.	RIDA	50
FIFTH:	No debt of the corporation remains unpaid.		
SIXTH:	The net assets of the corporation remaining after winding up have been distribute to the shareholders, if shares were issued.	outed	
SEVENTH:	Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.		
Sign	By a director president or other officer - if directors or officers have not been selected, by an incin the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	orporator	- if
	Stephen C. George (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: Capital Distribution 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:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
9761 SW 123 St
MIAMI PL 33176
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.
lo de la companya della companya del
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