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GOVERNMENT STATE

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution of J	N Products Inc.
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submi	tted for filing.
Please return all correspondence concerning this matter	to the following:
Jason Page (Name of Contact Pers	
	_
JN Products (Firm/Company)	Lnc.
(Firm/Company)	
2719 Indigo Hills	Ct.
JackSonUille, FL 327 (City/State and Zip C	
(City/State and Zip C	ode)
For further information concerning this matter, please c	all:
Name of Contact Person) at (	704, 854-5184
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\infty\$\$\$\$\\$43.75 Filing Fee & \$\infty\$	al copy is Certified Copy
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 IN Products Inc.	State	)[
SECOND:	The document number of the corporation (if known):	•	
THIRD:	The file date the articles of incorporation:		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	None of the corporation's shares have been issued.		
	The corporation has not commenced business.	)6 MAY	т
FIFTH:	No debt of the corporation remains unpaid.  ASSET  ASSET	9. Y	TILEU
SIXTH:	The net assets of the corporation remaining after winding up have been distribute to the shareholders, if shares were issued.	uted 2: 0	Ċ
SEVENTH:	T>*	$\overline{\infty}$	
	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 inco in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	rporator	r - if
	(Typed or printed name of person signing)		
	(Title of Person Signing)		
	· ( rese or r arrori estimit)		

Filing Fee: \$35