Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000085615 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

: A 1 A CORPORATE SERVICES, INC. Account Name

Account Number: I20C10000247 : (800)494-3124 Phone

Fax Number

: (305)675-2811

A. C. L.	DISSOLUT	TION	
PÄLME	TTO ENTERPRISES OF NO		ORIDA, INC
Ta 100 100	Certificate of Status	0	
£:	Certified Copy	0	
	Page Count	01	
	Estimated Charge	S35.00	

Electronic Filing Menu-

Corporate Filing

Public Access Help

HOSO000856153

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 Department of State:	<u>A</u> S	S
	PALMETTO ENTERPRISES OF NORTHWEST FLORIDA, INC.	AF	APR
SECOND:	The document number of the corporation (if known): P05000025266	ASSE SECTION AND ADDRESS AND A	1
THIRD:	The file date of the articles of incorporation was: 02/17/2005		3
FOURTH:	(CHECK AT LEAST ONE BOX)		WH 10: 19
	None of the corporation's shares have been issued.	>	D
	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.		
	Signed this 5TH day of APRIL 2005	·	
Signa	ture: 1/20 OMF		
	(By a director, president or other officer - if directors or officers have not been selected, by an inc if in the bands of a mostiver, trustee, or other court appointed fiduciary, by that fiduciary.)	orporator	
	JASON DUMONT		•
	(Typed or printed name of person signing)		
	DIRECTOR		
	(Title of person signing)		

Filing Fee: \$35

HOSO000856153