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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	1
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Office Use Only



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J.55/W/NOTICE
TALLATTASSEE, FLORIDA

TALLATTASSEE, FLORIDA

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: the Dissolution of Mench	or inc
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and fee are submitted	l for filing.
Please return all correspondence concerning this matter to the	he following:
Edward R. Check Sr (Name of Contact Person)	CEO
Menchar INC. (Pirm/Company)	
(Address) Pont Charlot	re, Fe 33952-4740
(City/State and Zip Code)) /
For further information concerning this matter, please call:	
(Name of Contact Person) at (94)	(
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$43.75 Filing Certified Cop (Additional coenclosed)	y Certificate of Status &
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

FILED

OF MAR 16 AN 8:48

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Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following LORIDA articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Menchar, INC.
SECOND:	The document number of the corporation (if known): POSOOOG SO16
THIRD:	The file date the articles of incorporation: (CHECK ATLEAST ONE BOX)
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	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.
Sign	ature: CEO
	(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.)
	Edward R. Cheek Sr. C & Co (Typed or printed name of person signing)
	Corporate Executive Officer

Filing Fee: \$35

Notice of Corporate Dissolution

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: Meuchan Twe.
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:
Service Provided - DATE Provided - Company Nome - Address & CONTACT IN FURMATAD - SIGNOTURE STATIONISERVICE
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Merchar inc Formerry for Profit Comp 18245 Poulson Drive Swige #105-107 Pont Charcotte, Fl 33954-1619
18245 Poulson Drive Swige #105-107
- Pont Chorwite, FC 33954-1619
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.
Eduard R. Check CEO Printed Name of the Person Filing Signature of the Person Filing
Originator of mon tiking

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