## P05000068246

(Re	equestor's Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	•
SUBJECT: Shopmon Mah Corp	
DOCUMENT NUMBER: P0500068246	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Sylia Hodge	
(Name of Contact Person)	
(Firm/Company)	,
(Address)	
Jan Fr 32538	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (904) 349-12 (Area Code & Daytime Tele	ephone Number)
Enclosed is a check for the following amount:	•
□\$35 Filing Fee <b>□</b> \$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Fil	of Status & Copy I copy is
MAILING ADDRESS:STREET ADDRESSAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Ce	n ations

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 State:
	Shonmoiman Orporation
SECOND:	The document number of the corporation (if known): PO 50000 68246
THIRD:	The file date of the articles of incorporation: May 10 <sup>th</sup> , 2005
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:	No debt of the corporation remains unpaid.  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.
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Sign	(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.)
	(Typed or printed name of person signing)
	(Title of Person Signing)

Filing Fee: \$35