

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to f	Filing Officer:	
180		
	201	

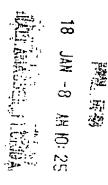
Office Use Only



000306538440

12/18/17--01023--017 \*\*25.00

01/09/18--01021--016 \*\*10.00



JAN 0 9 2018 S. YOUNG



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 20, 2017

ROBIN JOAN HECHT ALLSWELL PRESS INC 2807 NORTH 10TH STREET ST. AUGUSTINE, FL 3 20 84

SUBJECT: ALLSWELL PRESS, INC.

Ref. Number: P05000074181

We have received your document for ALLSWELL PRESS, INC. and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

there-is-a-balance-due-of-\$10:00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 417A00025773

# **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: AllSwell Press Inc	
DOCUMENT NUMBER: 7050007	4181
The enclosed Articles of Dissolution and fee are submi	itted for filing.
Please return all correspondence concerning this matter	to the following:
Joan Hecht (Name of Contact Pers	
` <u> </u>	, <u> </u>
Allswell Pre	ss Inc.
(Firm/Company)	
2807 NORTH 10TH STRE ST. AUGUSTINE, FL 32 08	
(City/State and Zip C	Code)
For further information concerning this matter, please c	all:
at (	904-571-1676 Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$1525 Filing Fee \$\Bar{\text{S43.75 Filing Fee & S43.75 F}}\$  Certificate of Status Certified (Addition enclosed)	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 607.1403, 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:
	Allswell Press Inc.
SECOND:	The document number of the corporation (if known): P 050000 74 181
THIRD:	The date dissolution was authorized: 12/30/17
	Effective date of dissolution if applicable:
	(no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	☐ Dissolution was approved by the shareholders through voting groups ☐ ☐
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	(voting group)
	Signature:  Rolling Secretary  (By a director, president or other officer differences 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)
	CED
	(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. Alls Press Inc. Name of Corporation: 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: acceptable Claim, documentation for proof of Claim, ligal rights from pany filing Dain, address of person filing claim Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 2807 NORTH 10TH STREET ST. AUGUSTINE, FL 32 08 4 1 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.

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