

P 05000 103 964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

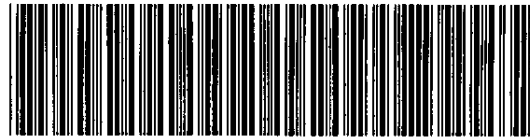
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100262839021

08/07/14--01015--013 **43.75

FILED
14 AUG - 7 PM 6:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.M.
8-14-14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF CORPORATION WITH SHARES

DOCUMENT NUMBER: POS000103964

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT A. OWEN

(Name of Contact Person)

ROBERT A. OWEN INC.

(Firm/Company)

P.O. BOX 56665

(Address)

JACKSONVILLE, FL 32241

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT A. OWEN

(Name of Contact Person)

at (904) 568-1844

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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

FILED
14 AUG - 7 PM 6:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

ROBERT A. OWEN INC.

SECOND: The document number of the corporation (if known): POS000103964

THIRD: The date dissolution was authorized: 6/31/2014

Effective date of dissolution if applicable: 6/31/2014
(no more than 90 days after dissolution file date)

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

ROBERT A. OWEN
(voting group)

Signature: Robert A. Owen

(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)

ROBERT A. OWEN
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35

FILED
14 AUG - 7 PM 6:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA