P05000/09594

(Reque	estor's Name)	}				
(Addre	ss)					
(Addre	ss)					
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL MAIL				
(Busine	ess Entity Na	me)				
(Document Number)						
Certified Copies	Certificate	s of Status				
Special Instructions to Filir	ng Officer:					

Office Use Only



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SECRE LARY OF STATE

COVER LETTER

· TO: Amendment Section

Division of Corporations	
SUBJECT: 1/350/ution of busines	ss + Corporation
DOCUMENT NUMBER: P050000	9594
The enclosed Articles of Dissolution and fee are subm	nitted for filing.
Please return all correspondence concerning this matter	er to the following:
Kenton or Shannon Sme	Hzer
(Name of Contact Pe	rson)
Heritage Crafter	3 Company
` *	
1913 Peachtree B (Address)	lvd
St Cloud, FL 34	769
(City/State and Zip	
For further information concerning this matter, please	call:
Shannon Smeltzer at (at (at (407 891-1578
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & \$\bigcup \$43.75 \\ Certificate of Status Certified (Addition enclose)	Certificate of Status & Certified Copy 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 607.1401, 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:
	Heritage Crafters Company
SECOND:	The document number of the corporation (if known): P05000109594
THIRD:	The file date of the articles of incorporation: $8-8-05$
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: (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.)
	Kenton Smeltzer (Typed or printed name of person signing)
	President Journey (Title offerson 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.

Name of Corporation:	Heritage	Crafters	Company	
Date of dissolution will be specified in the Articles of		on is filed with the	Department of State or as	
Description of information	1 that must be included	i in a claim:		
				····
				· ••
				
				- 1,12,11
Mailing address where cla	ims can be sent: (Clair	ms cannot be sent to	o the Division of Corporation	ons)
	Heritage	Crafters	Company	
	1913 Pea	chtree B	ivd	
	St-Cloud	, FL 34	H7169	<u></u>
A claim against the above within 4 years after the fili		ll be barred unless :	a proceeding to enforce the	claim is commenced
Ken	ton Smeltre	25	Wester Do	J
Printed N	ame of the Person Filing	·····	Signature of the Perso	n Piling

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