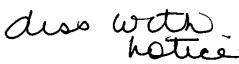
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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		!

Office Use Only



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COVER LETTER

Division of Corporations
SUBJECT: <u>Dissolution of Corporation</u>
DOCUMENT NUMBER: PO600001575
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anthony F. Shouppe (Name of Contact Person)
St 1 Home Improvements Inc (Firm/Company)
170 Lake Homi Hon BIVD. (Address)
winter Haven, Florida, 33881 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Persoh) at \(\frac{\frac{3}{3}\leq -3\leq \) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

TO:

Amendment Section

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 following art	section 607.1401, Florida Statutes, this Florida profit corporation with the the profit corporation.		
-	THE LANGUE STATE		
FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	5 + L Home Improvements Inc.		
SECOND:	The document number of the corporation (if known): POLOOOO 1575		
THIRD:	The file date of the articles of incorporation: \(\overline{2.2006} \)		
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.		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Signatu	(By a director, president or other officer - if directors or officers have not peen selected, by an		
	incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)		
	Anthonic Smunoe		
	(Typed or printed name of person signing)		
	President		
	(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. Name of Corporation: St. Hme Improvement 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Lake Homilton BIVO. winter Haven, 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.