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(Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	· #)
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(Document Number)		
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Closing	Business	
DOCUMENT NUMBER: PO600	0054/77	
The enclosed Articles of Dissolution and fee are submi	tted for filing.	
Please return all correspondence concerning this matter	to the following:	
PANDOLPA 1	FDAMS	
(Name of Contact Pers	on)	
MELIABLE APPLIANCE	ES INSTALLATION STAVILLE	
5687 MIDDLECOFF (Address)	DR.	
WEST PALM BEACH	FL 33413	
(City/State and Zip C	ode)	
For further information concerning this matter, please c	al).	
To Turner information concerning this matter, prease e	****	
MANDOLPH ADAM at (5	6/) 313-7870	
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 F	iling Fee & □ \$52.50 Filing Fee,	
Certificate of Status Certified	Copy Certificate of Status &	
(Additional enclosed)		
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FILED

07 APR -9 PM 4: 18 Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: SECRETARY OF STATE TALLAHASSEE, FLORIDA FIRST: The name of the corporation as currently filed with the Florida Department of State: The document number of the corporation (if known): PD6 DD0005477 SECOND: The file date the articles of incorporation: THIRD: 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. Signature: (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)

Filing Fee: \$35

(Title of Person Signing)

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: Athirthe Appliances INSTALLARON SERVICES 1
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:
Business Closer
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) S687 Middle CoFF Dr. West Park Bench 71-33413
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. 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. 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.

Signature of the Person Filing

Printed Name of the Person Filing