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Drss/Inacherl

COVER LETTER

TO: 'Amendment Section Division of Corporations	·
SUBJECT: Dissolution of Con	P.
DOCUMENT NUMBER: P0600010	7150
The enclosed Articles of Dissolution and fee are sub-	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
Deborah Lomax (Name of Contact Pe	ercon)
The Prepry Palm Inc. (Firm/Compan)	
113 Davit Dr. (Address)	
North Palm Blach, (City/State and Zip	FL 33408 (Code)
For further information concerning this matter, please	call:
Schorah Lomax at (Name of Contact Person)	561) 310 - 8590 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certifie	nal 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 607.1401, 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:
	The Preppy Palm Inc.
SECOND:	The document number of the corporation (if known): PO 600010750
THIRD:	The file date the articles of incorporation: 12406
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.)
	(Typed or printed name of person signing)
	Dresident owner (Title of Person Signing)

Filing Fee: \$35