## PDUDD0054937

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
,		





200242223982

12/19/12--01011--016

**\*\*43.7**5

DIVISION OF CORPORATION 12 DEC 19 AM 9: 29

ALT DISS

## **COVER LETTER**

Division of Corporations	
SUBJECT: MASON WINDOW ENCL	LOSURES, INC.
DOCUMENT NUMBER: P06000056937	
The enclosed Articles of Dissolution and fee are submitte	ed for filing.
Please return all correspondence concerning this matter to	the following:
MARY MASON	
(Name of Contact Person	,
MASON WINDOW ENCLOSUR	RES, INC.
(Firm/Company) 17380 SE 98TH CIRCLE	
(Address)	
SUMMERFIELD, FL 34491	
(City/State and Zip Code	(e)
For further information concerning this matter, please call	:
MARY MASON at (856	6 889-1289Q T
(Name of Contact Person) (Are	ea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
□ \$35 Filing Fee ■ \$43.75 Filing Fee & □ \$43.75 Filing Certified Co (Additional cenclosed)	• •
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 607.1403, 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 States  MASON WINDOW ENCLOSURES, INC.		
220012	D00000050027		
SECOND:	The document number of the corporation (it known).		
THIRD:	The date dissolution was authorized: 12/31/2012		
,	Effective date of dissolution if applicable: 12/31/2012  (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 dissol was sufficient for approval.	ution	
•	☐ 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		
	(voting group)		
		P. Sign	
	Signature: May Mason	OF COMP	
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - Kin the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	SECRETARY OF SAMINAS	
	MARY MASON	o ti	
	(Typed or printed name of person signing)		
	VICE PRESIDENT		
	(Title of person signing)		

Filing Fee: \$35