

P06000078596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

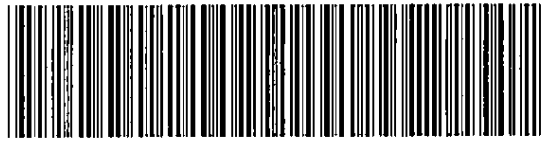
Special Instructions to Filing Officer:

J DENNIS

SEP 10 2023

R. 08.07.23

Office Use Only



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FILED  
2023 AUG -7 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of KJ Resources Inc.

**DOCUMENT NUMBER:** P 06000078596

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Jones  
(Name of Contact Person)

KJ RESOURCES INC.  
(Firm/Company)

2615 11<sup>th</sup> Ave W  
(Address)

Bradenton, FL 34205  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathy Jones at ( 941 ) - 737-1009  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## 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 State:

KJ RESOURCES Inc

SECOND: The document number of the corporation (if known): P 06000078596

THIRD: The date dissolution was authorized: 1/23 don't know exact date

Effective date of dissolution if applicable: Because  
(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation. I'm the only officer of this corp!

Signature: [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)

Kathy Jones  
(Typed or printed name of person signing)

President  
(Title of person signing)

Filing Fee: \$35

FILED  
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TALLAHASSEE, FLORIDA

## 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: \_\_\_\_\_

The above named corporation is the subject of dissolution and the effective date of a dissolution is:

You have the corrected date! 90 days  
(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

This is a voluntary resolution of retreat  
closed up the business I was the  
only person involved with this corporation!  
Please stop this hunt for more info there is none

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

2615 11<sup>th</sup> Ave W  
Bradenton FL 34205

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.

Kathy Jones  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing