

P06000144688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

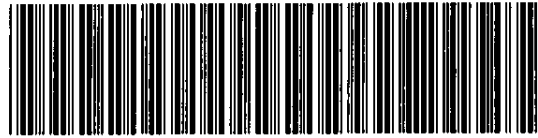
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700282200217


*less with
notice*

FILED
16 FEB 19 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 22 2016
A RAMSEY

RECEIVED
DEPARTMENT OF STATE
16 FEB 19 PM 4:49

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 023738 8061210
AUTHORIZATION : 
COST LIMIT : \$ 52.50

ORDER DATE : February 19, 2016
ORDER TIME : 3:55 PM
ORDER NO. : 023738-005
CUSTOMER NO: 8061210

DOMESTIC FILINGS

NAME: FLAVOR FOODS, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLAVOR FOODS, INC.

DOCUMENT NUMBER: P06000144688

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

Please return all correspondence concerning this matter to the following:

ELLIOTT D. HEFLER

(Name of Contact Person)

EISENBERG TANCHUM & LEVY LLP

(Firm/Company)

707 WESTCHESTER AVENUE, SUITE 300

(Address)

WHITE PLAINS, NY 10604

(City/State and Zip Code)

For further information concerning this matter, please call:

ELLIOTT D. HEFLER

at (212 599-0777)

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:
FLAVOR FOODS, INC.

SECOND: The document number of the corporation (if known): P06000144688

THIRD: The date dissolution was authorized: DECEMBER 31, 2015

Effective date of dissolution if applicable: ON FILING
(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: Adoption of Dissolution (CHECK ONE)

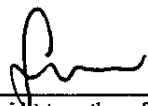
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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)

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)

SHAKIM COMPERE

(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: FLAVOR FOODS, INC.

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:

NAME AND ADDRESS OF CLAIMANT

NATURE OF THE CLAIM

AMOUNT OF THE CLAIM

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

ROBINSON & COMPANY

61 DEANS LANE


MONMOUTH JUNCTION, NJ 08852

ATTENTION: GREG ROBINSON

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.

SHAKIM COMPERE

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00