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PICK-UP WAIT MAIL		
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SECKE VESSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: _ The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 2 N.W. 6 For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) STREET ADDRESS:

MAILING ADDRESS:

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

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 t

articles of dissolution: FIRST: The name of the corporation as currently filed with the Florida Department of State: The document number of the corporation (if known): SECOND: The file date of 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)

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.)

A majority of the incorporators authorized the dissolution.

A majority of the directors authorized the dissolution.

(Typed or printed name of person signing)

(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 require	d when filing a voluntary dissolution.
Name of Corporation:	stalation, Toc.
Date of dissolution will be the date the dissolution is filed with the D specified in the Articles of Dissolution.	repartment of State or as
Description of information that must be included in a claim:	Lina Varges At
242 Now 8370 Lane	
Dry Shires Fr. 33071	The second secon
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	The second of th
Mailing address where claims can be sent: (Claims cannot be sent to Dry Shings, Fr. 330-77	
A claim against the above named corporation will be barred unless a within 4 years after the filing of this notice.	proceeding to enforce the claim is commenced
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