Podosyus

(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	ısiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



400271089494

04/06/15--01022--006 **35.00

MOUN

APR 0'8 2015

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Modular Installer	rs, Inc.
DOCUMENT NUMBER: P07000	031403
The enclosed Articles of Dissolution and f	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Diane Hogan	
(Name of	Contact Person)
Modular Installers, Inc.	
(Firm	n/Company)
5382 SW 32nd Ave	
(A	ddress) .
Hollywood, FL 33312	
	te and Zip Code)
For further information concerning this ma	tter, please call:
Diane Hogan	at (954) 260-2835
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	nt:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 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 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 State: Modular Installers, Inc.					
SECOND:	The document number of the corporation (if known): P07000031403					
THIRD:	The date dissolution was authorized: 01/09/2014	-				
	Effective date of dissolution if applicable: (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 dissoluti was sufficient for approval.	ion				
	☐ 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: Alling A					
	(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)					
	Diane Hogan					
	(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: MO	dular Installers,	Inc.	
Date of dissolution will be th specified in the Articles of D		ith the Department of State or as	
Description of information th	nat must be included in a claim:		
		And the second	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·		
	·		
Mailing address where claim	s can be sent: (Claims cannot b	e sent to the Division of Corporations)	
	·	to the british of Corporations,	
<u> </u>	SW 32nd Ave	· · · · · · · · · · · · · · · · · · ·	
Hollyw	ood, FL 33312/		
			
		-	
A claim against the above na within 4 years after the filing	med corporation will be barred of this notice.	unless a proceeding to enforce the clai	m is commenced
		a	
Diane Hogan		Mangley	
Printed Name	e of the Person Filing	Signature of the Person Fil	ing