# P07000050891

(Re	equestor's Name)			
(Ad	ddress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL.		
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(Document Number)				
Certified Copies	Certificate:	s of Status		
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DIVISION OF SORPORTENT

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# **COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT: NO FEAR TESTING INC	
DOCUMENT NUMBER: P07000050891	
The enclosed Articles of Dissolution and f	fee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
JESSICA POSEY CPA	
(Name of	Contact Person)
JESSICA POSEY CPA PA	
(Firm	m/Company)
3050 SHELL RD	
(A	ddress)
JAY, FL 32565	
(City/Sta	ate and Zip Code)
For further information concerning this ma	atter, please call:
JONATHAN NEELY	at (at (
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amou	unt:
<u> </u>	□ \$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:  NO FEAR TESTING INC				
SECOND:	ND: The document number of the corporation (if known):				
THIRD:	: The date dissolution was authorized: 12/31/2015				
` !	Effective date of dissolution if applicable: 03/11/2016 (no more than 90 days after dissolution				
<b>)</b>	<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirem not be listed as the document's effective date on the Department of State's records.	ents, this date wi	13		
FOURTH:	Adoption of Dissolution (CHECK ONE)				
:	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolution			
	Dissolution was approved by the shareholders through voting groups.				
	The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:	ntitled			
; ; ;	The number of votes cast for dissolution was sufficient for approval by	SECRET DIVISERS			
	1000 VOTES COMMON STOCK - 100% VOTE YES	R 20			
	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	PH 2: 35			
	that fiduciary)  JONATHAN NEELY				
,	(Typed or printed name of person signing)				
	PRESIDENT				
i :	(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.

NO FEAR TESTING INC Name of Corporation: 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 8801 GROW DRIVE PENSACOLA, FL 32514 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. JONATHAN NEELY Printed Name of the Person Filing