

PO7000052795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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400259803074

05/05/14--01024--013 \*\*35.00

14 MAY -5 PM12:27  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

APPROVED  
AND  
FILED

C. LEWIS  
MAY 15 2014  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BUSINESS CLOSING

**DOCUMENT NUMBER:** P07000052795

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

Please return all correspondence concerning this matter to the following:

ARKADIUSZ SLOWIK  
(Name of Contact Person)

GHM MOTORS INC  
(Firm/Company)

4640 N.W. 8TH TER  
(Address)

DAKLAND PARK FL 33334  
(City/State and Zip Code)

For further information concerning this matter, please call:

ARKADIUSZ SLOWIK at ( 561 ) 573-0976  
(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

APPROVED  
AND  
FILED

**Notice of Corporate Dissolution** 14 MAY -5 PM 12:27

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: GHM MOTORS, 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:

BUSINESS CLOSING  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

GHM MOTORS, INC  
4640 N. W. 81<sup>ST</sup> TER  
FORT LAUDERDALE FL 33334  
\_\_\_\_\_

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.

ARKADIUSZ SLOWIK  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing

APPROVED  
AND  
FILED

## ARTICLES OF DISSOLUTION

14 MAY -5 PM 12:27

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

SECRETARY OF  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

GHM MOTORS, INC.

SECOND: The document number of the corporation (if known): PO7000052795

THIRD: The date dissolution was authorized: 04-30-2014

Effective date of dissolution if applicable: 04-30-2014  
(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 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

ARCADUSZ SLOWIK PRESIDENT  
(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)

ARCADUSZ SLOWIK  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

Filing Fee: \$35