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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of a	2 RPORATION
DOCUMENT NUMBER: P070000 64	490
The enclosed Articles of Dissolution and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
MAYNE L. MAFT (Name of Contact Pe	i'N erson)
SHORELINE CAR (Firm/Company	•
88 Sw Fish 5 (Address)	5T,
(Address)	· · · · · · · · · · · · · · · · · · ·
DESTIN FL (City/State and Zip	32541
(City/State and Zip	Code)
For further information concerning this matter, please	call:
(Name of Contact Person) at (	850) 622-0025 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	(
Certificate of Status Certifie	nal copy is Certified Copy
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 607.1401, 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:	
	Shokeline Cabinets Inc	
SECOND:	The document number of the corporation (if known): P0700006 444 90	
THIRD:	The file date of the articles of incorporation: $5-3/-07$	200
FOURTH:	(CHECK AT LEAST ONE BOX)	2
	None of the corporation's shares have been issued.	-
	The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	ı
	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)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Signa	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.)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)  Vice PRESIDENT (Title of Person Signing)	

Filing Fee: \$35