PONOUMBUS

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

Office Use Only



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SEGNIFICATE OF TABLE

TALLMIASSEE FLORING

MDWN

MAY 08 2014

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Dissolution of A-	T Carpentry I	nc.
SUBJECT:		
DOCUMENT NUMBER: P07000	093055	
The enclosed Articles of Dissolution and	fee are submitted for filin	g.
Please return all correspondence concernin	g this matter to the follow	ving:
Cabrina Carla		
Sabrina Carle		
(Name of	Contact Person)	
(Fin	m/Company)	
3903 Coelebs Ave	• ,,	
(A	ddress)	VII
Boynton Beach, FL 334	136	
(City/Sta	ate and Zip Code)	'
For further information concerning this ma	tter, please call:	
Randall Carle	_{at (} 561) 4	36-9787
(Name of Contact Person)		2 Daytime Telephone Number)
Enclosed is a check for the following amou	unt:	
□ \$35 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	Ame Divi Clift	EET ADDRESS: Indment Section Sion of Corporations On Building 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 A-T Carpentry Inc.	it of S	tate:	
SECOND:	The document number of the corporation (if known): P070000930)55		
THIRD:	The date dissolution was authorized: 4/28/2014			
	Effective date of dissolution <u>if applicable:</u> 5/1/2014 (no more than 90 days after dissolution)	tion file	date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes ca was sufficient for approval.	ast for	· diss	olution
	☐ Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	p enti	tled —	
	The number of votes cast for dissolution was sufficient for approval by		AVE 1	""
	All shareholders	カデ カデ カデ		;
	(voting group)	A STATE	別 1:22	Ö
	Signature: Schurce (each) (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, that fiduciary)			
	Sabrina Carle			
	(Typed or printed name of person signing)	_		
	Corporate Secretary			
	(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.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> . Description of information that must be included in a claim:
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)
3903 Coelebs Ave.
Boynton Beach, FL 33436
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.
Sabrina Carle 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