" B700	0098154
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)	500135836335 Vol Vol Vol
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies: Certificates of Status	10/20/0801005003 **85.00 TALLAHASSEE FLORIDE
Special Instructions to Filing Officer:	S S S S S S S S S S S S S S
·	A020108

COVER LETTER

TO: Amendment Section Division of Corporations

4....

Smokin Inc Dissolution SUBJECT:

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

James Bradwell	
(Name of Contact Person)	
Smokin' Q, Inc	
(Firm/Company)	
1234 Selman Rd	
	(Address)
Dunuy, F1 32351	
(City/	State and Zip Code)
For further information concerning this	matter, please call:
James Bradwell	at (B50) 567-4617
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following an	nount:
\$35 Filing Fee \$43.75 Filing Fee Certificate of Statu	
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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ARTICLES OF DISSOLUTION

FILED

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation sub2008 00 120 or 182: 35 articles of dissolution:

SECRETARY OF STATE TALLAHASSEE. FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State: Smokin' Q, Inc

The document number of the corporation (if known): +070009865+ SECOND:

The file date of the articles of incorporation: 9-5-07THIRD:

FOURTH: (CHECK AT LEAST ONE BOX)

None of the corporation's shares have been issued.

The corporation has not commenced business.

- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: 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.

ampo Signature:

(By Alivector, 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.)

James Bradwell (Typed or printed name of person signing)

VP

(Title of Person Signing)

Filing Fee: \$35