

P07000113115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

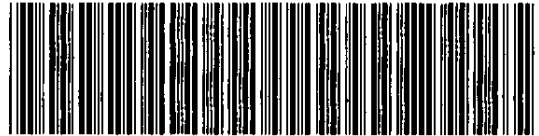
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/24/09--01041--017 **35.00

UD/ In Act

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10 JAN 11 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts JAN 12 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 30, 2009

JOSE ABEL ROSALES
ABEL LAWN & GARDENS CO.
P O BOX 471214
MIAMI, FL 33147

SUBJECT: ABEL LAWN & GARDENS CO.
Ref. Number: P07000113115

We have received your document for ABEL LAWN & GARDENS CO. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

The current name of the entity is as referenced above. Please correct your document accordingly.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 809A00039538

RECEIVED
2010 JAN 11 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Section 617.1401

DOCUMENT NUMBER: P07000113115

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

Please return all correspondence concerning this matter to the following:

Jose Abel Rosales
(Name of Contact Person)

Abel Lawn and Gardens CO.
(Firm/Company)

P.O. Box 471214
(Address)

Miami, FL 33147
(City/State and Zip Code)

For further information concerning this matter, please call:

Jose Abel Rosales at (786) 291-5007
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Abel Lawn & Gardens Co.

SECOND: The document number of the corporation (if known): P07000113115

THIRD: The date dissolution was authorized: 9/25/2009

Effective date of dissolution if applicable: 9/25/2009
(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

Jose A. Rozales and Maria Rozales
(voting group)

Signature: Jose A. Rozales
(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)

Jose A. Rozales
(Typed or printed name of person signing)

Manager/Dñ
(Title of person signing)

Filing Fee: \$35