

P08000038285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

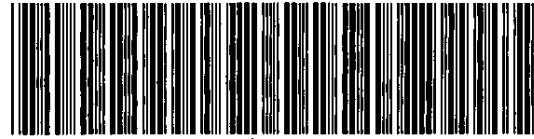
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/07/16--01005--019 **35.00

FILED

2017 APR 21 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DC

5/8/17

VD



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2016

MELISSA BERRY
SOUTHWEST ARBORIST, INC.
P O Box 896
CHOKOLOSKEE, FL 34138

SUBJECT: SOUTHWEST ARBORIST, INC.
Ref. Number: P08000038285

RECEIVED
17 APR 21 PM 12:17
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
FLORIDA

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

IF YOU ARE CANCELLING THE FICTITIOUS NAME FOR THE CORPORATION, PLEASE COMPLETE THE ATTACHED FORM AND SEND IN WITH CHECK FOR \$50.

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) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 216A00020273

Called
4-27-17

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CANCELLING / Closing Name of Business
SW ~~SW~~ Arborist.

DOCUMENT NUMBER: P08000038285

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

Please return all correspondence concerning this matter to the following:

Melissa Berry / SW ~~SW~~ Arborist, owner/operator
(Name of Contact Person)

SW ~~SW~~ Arborist.
(Firm/Company)

P.O. Box 896
(Address)

Chokoloskee Fl 34138
(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa Berry at ((239) 272-7780)
(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

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:

SOUTHWEST ARBORIST, INC.

SECOND: The document number of the corporation (if known): PO8000038285

THIRD: The date dissolution was authorized: 7/31/14

Effective date of dissolution if applicable: 7/31/14

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Adoption of Dissolution (CHECK ONE)

N/A

☒ 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

N/A

(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)

MELISSA BERRY

(Typed or printed name of person signing)

Owner/Secretary/President

(Title of person signing)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA