

PO9000012186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

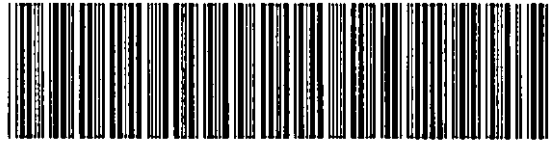
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/15/21--01026--009 **10.00

06/28/21--01018--004 **25.00

2021 OCT 13 AM 10:44

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OCT 22 2021

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RE LETTER # 021A00017258

DOCUMENT NUMBER: P090000/2186

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

Please return all correspondence concerning this matter to the following:

Polly JANICK

(Name of Contact Person)

COUDEN ENTERPRISE INC.

(Firm/Company)

12140

COYLE RD.

(Address)

PREVIOUS

(17324 CASTLE RD)

PREVIOUS

FORT MYERS, FL. 33905

(City/State and Zip Code)

(33967)

For further information concerning this matter, please call:

Polly JANICK

(Name of Contact Person)

239-246-6393

at (239-561-2956)

(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)

☒ \$10.00

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT 13 PM 1:17

September 20, 2021

POLLY JANICK
17324 CASTILLE RD
FT. MYERS, FL 33967

SUBJECT: COUDEN ENTERPRISE INC.
Ref. Number: P09000012186

We have received your document for COUDEN ENTERPRISE INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The fee to file your document is \$35.

There is a balance due of \$10.00.

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.

Irene Albritton
Regulatory Specialist III

Letter Number: 121A00022703

auth

2nd #



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2021

POLLY JANICK
17324 CASTILLE RD
FT. MYERS, FL 33967

SUBJECT: COUDEN ENTERPRISE INC.
Ref. Number: P09000012186

We have received your document for COUDEN ENTERPRISE INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The form you submitted is for a Limited Liability Company, but your entity is a Profit Corporation. Please complete and return the enclosed blank form(s).

The fee to file your document is \$35.

There is a balance due of \$10.00.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 021A00017258

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:

COUDEN ENTERPRISE INC.

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

P09000012186

THIRD: The date dissolution was authorized:

JUNE 30 2021

Effective date of dissolution if applicable:

6/30/2021

(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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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)

Polly Janick

(Typed or printed name of person signing)

Polly Janick President

(Title of person signing)

2021 OCT 13 AM 10:44

Filing Fee: \$35