PD9DDD0024565

(Red	questor's Name)	
~		
(Add	ress)	* ***
(Add	dress)	
(City	//State/Zip/Phone	e #)
•		
PICK-UP	☐ WAIT	MAIL
	in a contract of the contract	
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
Opecial instructions to i	ming Officer.	

Office Use Only



000165692460

01/15/10--01016--002 **35.00

10 JAN 15 PH 12: 39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

SUBJECT: DISSOLUTION OF PECFLO PROCESSING COMP. DOCUMENT NUMBER: PS9 \$486 24565 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHON (Name of Contact Person) (Rame of Contact Person) (Address) FON LANGUAGE FL 3330) (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Name of Contact Person) (Avea Code & Dayting Telephone Number) Enclosed is a check for the following amount: (Associated Status & Certified Copy (Additional copy is Certificate of Status & (Additional copy is Penciosed) (Additional copy is Penciosed) MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 3 (Diffice Buildings)	TO: Amendment Section	
The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHON TUNNOM (Name of Contact Person) (Firm/Company) 8BB E. LAS OLAS BLVD (Address) FON LANDED FL 33301 (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: (\$35 Filing Fee \$43.75 Filing Fee & \$343.75 Filing Fee & \$252.50 Filing Fee, Certificate of Status & (Additional copy is accertificate of Status & (Additional copy is accertificate of Status & (Additional copy is accertificate of Status & Amendment Section Division of Corporations.	Division of Corporations	
Please return all correspondence concerning this matter to the following: CHON TOWNS (Name of Contact Person) CREFCO (Firm/Company) 8BB E. LAS OLAS BLVA (Address) FONT LANGEBALE FL 3330) (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: [V\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) MAILING ADDRESS: Amendment Section Division of Corporations	SUBJECT: DISSOLUTION OF CACFLO PROCESSING CORP.	
Please return all correspondence concerning this matter to the following: CHANTUMEN (Name of Contact Person) (Firm/Company) 8BB E. LAS OLAS BLVA (Address) FONT LANGUAGE FL 33301 (City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: (Additional copy is Certificate of Status & (Additional copy is Certificate Copy enclosed) (Additional copy is Person)	DOCUMENT NUMBER: PS9 9888 24565	
(Name of Contact Person) CREFCO (Firm/Company) 8BB E. LAS OLAS BLVA (Address) FON LANGEDLE FL 3330) (City/State and Zip Code) For further information concerning this matter, please call: CHANTUNEL at (ZIb) 736-7260 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: [V\$35 Filing Fee \$43.75 Filing Fee & Additional copy is Certificate of Status & (Additional copy is Certificate Copy enclosed) MAILING ADDRESS: Amendment Section Division of Corporations	The enclosed Articles of Dissolution and fee are submitted for filing.	
(Name of Contact Person) (Firm/Company) (BBB E. LAS OLAS BLVA (Address) For further information concerning this matter, please call. (City/State and Zip Code) For further information concerning this matter, please call. (Name of Confact Person) (Area Code'& Daytime Telephone Number) Enclosed is a check for the following amount: (Additional copy is Certificate of Status & (Additional copy is certified Copy enclosed) (Additional copy is certified Co	Please return all correspondence concerning this matter to the following:	
(Firm/Company) 8BB E. LAS OLAS BLVD (Address) FOR LANGEDALE FL 3330) (City/State and Zip Code) For further information concerning this matter, please call (Name of Conjuct Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: [V\$35 Filing Fee \$\frac{1}{2}\$\$43.75 Filing Fee & \$\frac{1}{2}\$\$\$52.50 Filing Fee, Certificate of Status & (Additional copy is certified Copy enclosed) [Additional copy is certified Copy is certified Copy is certified Copy is conclosed) [Additional copy is certified Copy is certified Copy is conclosed) [Additional copy is certified Copy is certified Copy is conclosed) [Additional copy is conclosed) [Additional copy is conclosed]		
(Firm/Company) 8BB E. LAS OLAS BLVD (Address) For Lander FL 3330) (City/State and Zip Code) For further information concerning this matter, please call: (Name of Conjact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: (Additional copy is Certified Copy (Additional copy is conclosed) (Additional copy is corrected Copy (Additional copy is conclosed) (Additional copy is Certified Copy (Additional copy is conclosed) MAILING ADDRESS: Amendment Section Division of Corporations	(Name of Contact Person)	
(Firm/Company) 8BB E. LAS OLAS BLVD (Address) For Lander FL 3330) (City/State and Zip Code) For further information concerning this matter, please call: (Name of Conjact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: (Additional copy is Certified Copy (Additional copy is conclosed) (Additional copy is corrected Copy (Additional copy is conclosed) (Additional copy is Certified Copy (Additional copy is conclosed) MAILING ADDRESS: Amendment Section Division of Corporations	CREFCO	
For further information concerning this matter, please call: Clastic Code (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: [V\$35 Filing Fee \$\sum_\$\$43.75 Filing Fee & \$\sum_\$\$\$\$43.75 Filing Fee & \$\sum_\$	(Firm/Company)	
For further information concerning this matter, please call: Clastic Code at (216) 236-7260 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: [V\$35 Filing Fee \$\sum \$\\$43.75 \text{Filing Fee} & \sum \$\\$52.50 \text{Filing Fee} & \sum \$\\$52.50 \text{Filing Fee} & \sum \$\\$643.75 \text{Filing Fee} & \sum \$\sum \$\su	8BB E. LAS OLAS BLVD	
(City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: (\$35 Filing Fee \$\frac{1}{2}\$\$ \$43.75 Filing Fee & \$\frac{1}{2}\$\$ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is enclosed) MAILING ADDRESS: Amendment Section Division of Corporations	(Address)	
(City/State and Zip Code) For further information concerning this matter, please call: (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: (\$35 Filing Fee \$\frac{1}{2}\$\$ \$43.75 Filing Fee & \$\frac{1}{2}\$\$ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is enclosed) MAILING ADDRESS: Amendment Section Division of Corporations	FONT LANDED DILE FL 33301	
(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: [V\$35 Filing Fee \$\frac{1}{2}\$\$ \$43.75 Filing Fee & \$\frac{1}{2}\$\$ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) [Additional copy is enclosed)	(City/State and Zip Code)	
(Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: (\$\sum_{\cutestar}\$\$ \$\sum_{\cutestar}\$\$ \$\sum_{\cutestar}\$\$\$ \$\sum_{\cutestar}\$\$ \$\sum_{\cutestar}\$\$ \$\sum_{\cutestar}\$\$\$ \$\sum_{\cutestar}\$\$\$\$ \$\sum_{\cutestar}\$\$\$ \$\sum_{\cutestar}\$\$\$ \$\sum_{\cutestar}\$\$\$\$ \$\sum_{\cutestar}\$\$\$\$ \$\sum_{\cutestar}\$\$\$\$ \$\sum_{\cutestar}\$\$\$\$ \$\sum_{\cutestar}\$	C1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	*.
String Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) MAILING ADDRESS: Amendment Section Division of Corporations		<u></u> :
Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) MAILING ADDRESS: Amendment Section Division of Corporations	Enclosed is a check for the following amount:	
(Additional copy is Certified Copy enclosed) (Additional copy is		
Amendment Section Division of Corporations Division of Corporations	(Additional copy is Certified Copy enclosed)	•
Division of Corporations.	Amendment Section Amendment Section.	
Tollahassee FR 32314	Division of Corporations P.O. Box 6327	

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:	
	CREFLO PROCESSING CORP.	
SECOND:	The document number of the corporation (if known): \\ P\Omega \Omega \Omeg	
THIRD:	The file date of the articles of incorporation:	
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:	· / · / · · · · · · · · · · · · · · · ·	
	A majority of the incorporators authorized the dissolution.	2
	A majority of the directors authorized the dissolution.)
Sign	A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution. 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.) Here the directors authorized the dissolution. By 30 attraction. Carry a selected and a selected are a selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	
	(Title of Person Signing)	

Filing Fee: \$35