P09000047831

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Entity Name)
(Business Entity Name)
(Document Number)
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SECNETARY OF STATE

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Dissolution of corporation	
DOCUMENT NUMBER: <u>P09000 47831</u>	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
BRETT BURES (Name of Contact Person)	
Bures construction Services, INC. (Firm/Company)	
4501 mustang Road (Address)	
Melbume H 33934 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Robin Bures at (301) Son - 750 gr - (Area Code & Daytime Telephone Number)	<u>n</u>
Enclosed is a check for the following amount:	11
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$52.50 Fili	
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:

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FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Bures construction SERVICES, INC
SECOND:	The document number of the corporation (if known): P0900047831
THIRD:	The date dissolution was authorized: OCF 3012 Pendung
	Effective date of dissolution if applicable: (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
	OWNER only
	TAR TO SER TO
	Signature: 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)
	CTyped or printed name of person signing)
	President Jowner
	Citie of nerson signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: BUNS Constitution Services INC
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.
Description of information that must be included in a claim:
AD OCH 2012
Dissolvin of Burs anstruction Services Duc Approved by All Shareholders.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Milhound 71 32834 THE AHASS
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Printed Name of the Person Filing Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00