## FILED Jul 02, 2020 Secretary of State

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

PALM INJECTORS INC

SECOND: The document number of the corporation: P09000048263

THIRD: The file date of the articles of incorporation: June 1, 2009

FOURTH: None of the corporation's shares have been issued.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.

SEVENTH: A majority of the incorporators or directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: MIKE SLOAN PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

## FILED Jul 02, 2020 Secretary of State

## **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.

Name of Corporation:

PALM INJECTORS 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:

PALMINJECTORS WENT UNDER DURING THE COVID-19 THERE ARE NO BILLS UNPAID AND THERE ARE NO ASSETS NOTHING WAS SOLD, I AM THE PRESIDENT WITH NO EMPLOYEES BUT MYSELF. MIKE SLOAN

Mailing address where claims can be sent:

1916 SE 1ST TERRACE CAPE CORAL, FL 33990

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155. Florida Statutes.

Signature: MIKE SLOAN

Electronic Signature of the Person Filing