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COVER LETTER

TO: Amendment Section Division of Corporations	20 K
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SUBJECT: CLOS EP BUSINESS	
DOCUMENT NUMBER: 7 10000007575	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
(Name of Contact Person) (Name of Contact Person) (Name of Contact Person) (Firm/Company)	
(Name of Contact Person)	
(ONRADS HARKY TANTS INC	
(Firm/Company)	
44 GREENTREE ST	
(Address)	_
HOMOSASSA FL. 34446 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
(Name of Contact Person) at (614) 732 & Ode & Daytime Tele	3029
(Name of Contact Person) (Area Code & Daytime Tele	phone Number)
Enclosed is a check for the following amount:	
(Additional copy is Certified C enclosed) (Additional	of Status & opy
ALREADY PAID enclosed)	
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, SuTallahassee, FL 32303	ite 810

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:
	CONRADS HARCE, FARTS INC The document number of the corporation (if known): P100000 7575
SECOND:	The document number of the corporation (if known): P100000 7575
THIRD:	The file date of the articles of incorporation:
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 to the shareholders, if shares were issued.
SEVENTH:	A majority of the incorporators or directors authorized the dissolution.
Sign	ature:
	(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.)
	MICHIPEIR. CONRAD FRES. (Typed or printed name of person signing)
	THES IDENT (Title of Person 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. HARLY TAND INC Name of Corporation: The above named corporation is the subject of dissolution and the effective date of a dissolution is: $\frac{12/31/20/5}{20/5}$ (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 44 GREENTREE ST HOM. SDSSC F1 34446 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