P10000038068

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiliess Elitity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: BLUMIN FARMS, INC.
DOCUMENT NUMBER: \$\int 100000 38368
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
I STANIEY Blumin
STANIEY Blumin (Name of Contact Person) BLUMIN FARMS, INC. (Firm/Company)
BLUMIN FARMS, INC.
19366 NW 13 5T (Address)
(Address)
fembroke Pives FL 330Zg (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
TSTANIEY BIOMIN at (954) 450 2605 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:
Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submissions.

ARTICLES OF DISSOLUTION

13 FEB 28

12 Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submissions. The name of the corporation as currently filed with the Florida Department of State: FIRST: BLUMIN FARMS, INC. The document number of the corporation (if known): P10000038048 SECOND: The file date of the articles of incorporation: $\frac{05/03}{2000}$ THIRD: (CHECK AT LEAST ONE BOX) FOURTH: None of the corporation's shares have been issued. ☐ The corporation has not commenced business. FIFTH: No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed SIXTH: to the shareholders, if shares were issued. Adoption of Dissolution (CHECK ONE) SEVENTH: A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution. 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.) (Typed or printed name of person signing) DIARCTOR / RASIBENT
(Pitle 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.

Name of Corporation: BLUMIN FARMS, INC.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
DATE OF SERVICE
DATE OF SERVICE AMOUNT DUE DESCRIPTION OF SERVICE PERSON TO CONTACT
DESCRIPTION OF SERVICE
PERSON TO CONFACT
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
19366 NW 13 ST Pembroke Piner, FL 33029
Pembroke Pines, FL 33029

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.

J STANLEY Blomin

Printed Name of the Person Filing

Signature of the Person Filing