P10000040587

(Re	equestor's Name)		
(Ac	idress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL MAIL	
(Bu	ısiness Entity Naı	me)	
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			





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JIVISION OF CORPORATION

AUG 1 1 2016 C LEWIS

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: Dissolution of	Blue Horizon,	Name Services, Inc
DOCUMENT NUMBER: P1060	0040587	
The enclosed Articles of Dissolution and	fee are submitted for filin	ıg.
Please return all correspondence concerning	ng this matter to the follo	wing:
Jeremy Edwards (Name of		
(Name of	Contact Person)	
Blue Horiton Marche Se (Fire	mas, luc	
(Fire	m/Company)	
144 Reary Ct., Unit	+ C	
(A	address)	
Key West, FL 33 (City/Sta	o40 ate and Zip Code)	
For further information concerning this ma	tter, please call:	
Jeremy Edwards (Name of Contact Person)	at (<u>305 - 29</u>	13-9618
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou	int:	
□ \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:		EET ADDRESS:
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314		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:

FIRST:	The name of the corporation as currently filed with the Florida Department of Stat	e:	
	Blue Horizon Marine Services, Inc.		
SECOND:	The document number of the corporation (if known): P10000040587		
THIRD:	The date dissolution was authorized: 6 30 16		
	Effective date of dissolution if applicable: (6 3 2 16 (no more than 90 days after dissolution file day Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t		
	not be listed as the document's effective date on the Department of State's records.	iiis u	ne win
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for di was sufficient for approval.	ssol	ution
	☐ 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:		JIVIE.
	The number of votes cast for dissolution was sufficient for approval by	2016 AUG -2 A	SECRETARY OF STAIL
	(voting group)	# II: 08	SIAII PRAIIES
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incompositor - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) Leveny Edwards (Typed or printed name of person signing)		
	Resident (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. Name of Corporation: Blue Horizon Manne 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Key West, FL 33040 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. Signatur of the Person Filing

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