

P10000069672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

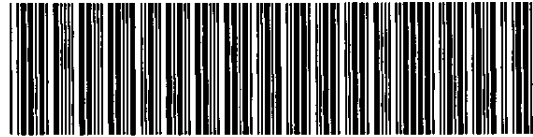
(Business Entity Name)

(Document Number)

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2012 SEP 26 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
9/27/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF PAPA EDMUND INC.

DOCUMENT NUMBER: P10000069672

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARZADON, FRANCISCA S.

(Name of Contact Person)

PAPA EDMUND INC.

(Firm/Company)

15530 NW HIGHWAY 441

(Address)

ALACHUA, FLORIDA 32606 U.S.

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCISCAS ARZADON at (323) 559-2066

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$2.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
|---|--|--|--|

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

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

2012 SEP 26 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PAPA EDMUND INC.

SECOND: The document number of the corporation (if known): P10000069672

THIRD: The date dissolution was authorized: AUGUST 15, 2012

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

ALL OFFICERS (4)
(voting group)

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)

FRANCISCA S. ARZADON
(Typed or printed name of person signing)

REGISTERED AGENT
(Title of person signing)

Filing Fee: \$35