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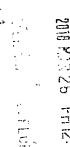
(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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C. GOLDEN MAR 2 7 2018

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: DISSOLUTION OF BU	WTCHER SHOPPES OF JACKSONVILLE	Inc
DOCUMENT NUMBER: P (0000	0073528	
The enclosed Articles of Dissolution and for	fee are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
ROBERT MANIS		
(Name of O	Contact Person)	
(Firm	m/Company)	
14441 MAGNOUA SPRIM	NGS LN E	
JACKSONUILLE FL 322	158	
(City/Star	ate and Zip Code)	
For further information concerning this mat	atter, please call:	
(Name of Contact Person)	at (<u>330 - 936 - 5499</u> (Area Code) (Daytime Telephone Number	er)
Enclosed is a check for the following amou	unt:	
■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) □ \$52.50 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

T	Fileu
of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	BUTCHER SHOPPES OF JACKSONVILLE INC.
SECOND:	The document number of the corporation (if known): P 10000 73528
THIRD:	The date dissolution was authorized: $\frac{5/22/2017}{}$
	Effective date of dissolution if applicable: 5/22/2017
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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
	(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)
	(Typed or printed name of person signing)
	PRESIDENT Y TREASURER (Title of person signing)