

P100000075762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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FILED  
10 OCT 12 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\* Roberts OCT 12 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BLESSING SUPERMARKET INC

**DOCUMENT NUMBER:** P10000075762

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)

DC ACCOUNTING SERVICES PA

\_\_\_\_\_  
(Firm/Company)

24156 STATE RD 54 STE 1

\_\_\_\_\_  
(Address)

LUTZ FL 33559

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID CRUZ

\_\_\_\_\_  
(Name of Contact Person)

at ( 813 ) 345-8503

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$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:**

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

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:

BLESSING SUPERMARKET INC,

SECOND: The document number of the corporation (if known): P10000075762

THIRD: The file date of the articles of incorporation: 09/16/2010

FOURTH: (CHECK AT LEAST ONE BOX)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signature: *For Jose Nunez POA*

(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.)

5  
**ROCENDO ALMONTE**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of Person Signing)

**Filing Fee: \$35**

FILED  
10 OCT 12 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: BLESSING SUPERMARKET 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:

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

2425 94TH ST QUEEN, NY 11369

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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.

ROCENDO ALMONTE

Printed Name of the Person Filing

For Jose Nury POA

Signature of the Person Filing

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

## **SPECIAL POWER OF ATTORNEY**

TO ALL PERSONS, be it known, that I, **HDDYM LLC**, of 6724 HANDLEY RD, TAMPA, FLORIDA, the undersigned principal, do hereby grant a special power of attorney to **JOSE E NUÑEZ**, of 5336 ARCHSTONE DR APT 108, TAMPA, FLORIDA, as my Attorney-in-Fact.

My Attorney in fact has the power and authority to perform any act which I may be legally entitled to undertake to accomplish the following objectives and goals, and to do the following:

To make demand for, initiate legal action for, foreclose on, enter into settlement agreements, obtain judgment, settlement, and to collect thereon, and thereafter to execute appropriate releases, receipt, discharges and satisfaction of judgement, on any and all debts, accounts, commercial paper, notes, and other amounts of money or contracts or choses in action which I may hold now or hereinafter may hold, possess or be entitled to, and thereafter to hold, possess and invest all receipts thereof and sums recovered thereby.

Except as prohibited in any business contract I am a party to, to carry on any business transaction of any kind of which I am now or hereafter may become interested, including acting in any capacity as I may have as a sole proprietor, partner, shareholder, member, officer or director.

To open an account or accounts, change accounts, close accounts, make deposits, sign receipts, make any withdrawal and enter into any transaction relating to any accounts or deposits I now have or may have in the future, through myself or through my attorney-in-fact, in any bank, Savings & Loan Association, Credit Union, or other similar institution

Sign any Legal Documents or License Applications. Make any Managerial Desicions. .

My Attorney-in-Fact hereby accepts this appointment subject to its terms and agrees to act and perform in said fiduciary capacity consistent with my best interests as my Attorney-in-Fact deems advisable, and I affirm and ratify all acts undertaken. This Power of Attorney may be revoked by me at any time, and shall automatically be revoked upon my death or incapacity, provided any person relying on this Power of Attorney before or after my death or incapacity shall have full rights to accept the authority of my Attorney-in-Fact until in receipt of actual notice of revocation.

This Power of Attorney is executed on this 6 day of OCT, 2010, in the County of QUEENS, State of NY.

Rosendo Almonte

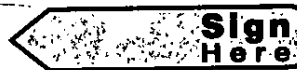
HDDYM LLC

State of NY )  
County of QUEENS ) ss

On this the 6 day of OCT, 2010, before me, the undersigned, a notary public in and for said County and State, personally appeared HDDYM LLC, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Edward S. Butts Jr



Signature of Notary

EDWARD S. BUTTS JR  
Notary Public State of New York  
No. 034520844  
Qualified in Queens County  
Commission Expires 11/30/11  
State of New York  
County of QUEENS