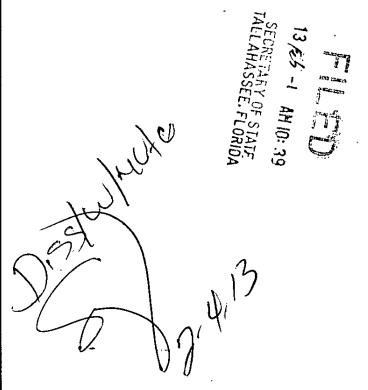
(Re	equestor's Name)		
(Ad	dress)		
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations				
SUBJECT: Articles of Dissolution				
DOCUMENT NUMBER: P10000100527				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
MARIANELA SIGUENZA (Name of Contact Person)				
Household Delivery Inc (Firm/Company)				
(Firm/Company)				
9838 OID BAYMEADOWS RD #143				
(Address)				
Jackson Ville, FL 32256 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
MACIANE 19 Siguenza at (904) 401-1144  (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$35 Filing Fee \$\to\$ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & 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 607.1403, 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 Household Delivery Inc	of Sta	ite:			
SECOND:	The document number of the corporation (if known): Ploopolo	05	27			
THIRD:	The date dissolution was authorized: 12-31-2012					
	Effective date of dissolution if applicable: 12-31-2012  (no more than 90 days after dissolution)	on file d	ate)	<del></del>		
FOURTH:	Adoption of Dissolution (CHECK ONE)					
	Dissolution was approved by the shareholders. The number of votes car was sufficient for approval.	st for d	lissolu	ıtion		
	Dissolution was approved by the shareholders through voting groups.					
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitle	ed			
	The number of votes cast for dissolution was sufficient for approval by	SECRE TALLAH	13 %	7		
	(voting group)  Signature:  (By a director, president or other officer - if directors or officers have not been selected, by	TARY OF STATE ASSEE, FLORIDA	6-1 AM IO: 39			
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)					
	Robert Sanchez					
	(Typed or printed name of person signing)					
	President	-				
	(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: Household Delivery 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:
NAME, Account number, Date of claim.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Household Delivery Inc
Household Delivery Inc 9838 OID Baymendows RD #143 Jacksonville, FL 32256
Jacksonville, FL 32256
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.
MAr. Anela Siguenza  Printed Name of the Person Filing  Signature of the Person Filing
Traited Fund of the Ferson Fining

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