

05/18/2018

12:30

3052201448

LAZARUS CORPORATE

PAGE 01/03

# Florida Department of State

## Division of Corporations Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000154947 3)))



H180001549473ABC6

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

### DISSOLUTION OR WITHDRAWAL JARY KITCHEN CABINETS CORP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

V/D  
R. WHITE  
MAY 21 2018

18 MAY 18 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

RECEIVED

18 MAY 18 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H18000154942

## 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 State:  
JARY KITCHEN CABINETS CORP

SECOND: The document number of the corporation (if known): P11000040898

THIRD: The date dissolution was authorized: MAY 18, 2018

Effective date of dissolution if applicable: MAY 18, 2018

(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.

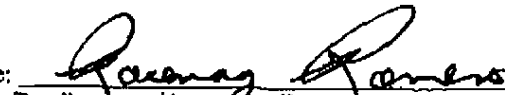
☐ Dissolution was approved by the shareholders through voting groups.

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)

ROSEMARY ROMERO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 MAY 18 AM 8:42

FILED

H18000154947

H18000154947

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: JARY KITCHEN CABINETS CORP

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:

ANY AND ALL CLAIMS TO BE SENT TO THE CORPORATE ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

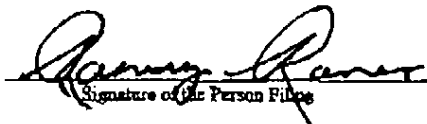
ANY AND ALL CLAIMS TO BE SENT TO THE CORPORATE ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

ROSEMARY ROMERO

Printed Name of the Person Filing

  
Signature of the Person Filing

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

H18000154947