P11000043396

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(Au	aless)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Na	me)
(Document Number)		
Certified Copies/	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: DISSOLUTION OF MIKES PLACE INC		
DOCUMENT NUMBER: P 11 0000 43390		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
ERIN SAYES		
(Name of Contact Person)		
MIKES PLACE INC		
(Firm/Company)		
1521 E. MERRICK DRIVE		
(Address)		
DELTONA, FL 32738		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
ERIN SAVES at (508) 284-8361		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
□\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section		
Division of Corporations Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building		

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submats/the following STATE ORIDA

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	MIKES PLACE, INC.		
SECOND:	The document number of the corporation (if known): P11 0000 43390		
THIRD:	The file date of the articles of incorporation: MAY 5, 2011		
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.		
	ı		
	2		
Signa	ature: Enin Sayess		
	(By a director, president or other officer - in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)		
	ERIN SAYES		
(Typed or printed name of person signing)			
	VICE 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.

MIKES PLACE INC

Name of Corporation:	MIKES PLACE INC.
Date of dissolution will b specified in the Articles of	e the date the dissolution is filed with the Department of State or as of Dissolution.
Description of informatio	n that must be included in a claim:
Please se	nd copies of itemized bills to:
	ERIN SAYES
	1521 E. MERRICK DKIVE
	DELTONA, FL 32738
Mailing address where cla	aims can be sent: (Claims cannot be sent to the Division of Corporations) $ERIN \leq AYES$
	1521 E. MERRICK DRIVE
	DELTONA, FL 32738

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.

ERIN SAYES
Printed Name of the Person Filing

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