## P110000045090

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DIVISION OF CORPORTATION 12 JUN 20 AM 9: 46

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## **COVER LETTER**

TO: Amendment Section	
Division of Corporation	ons
SUBJECT: Half Price Kitch	en & Cabinets, INC
DOCUMENT NUMBER: P1	1000045096
The enclosed Articles of Dissolu	ution and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Kurt A Grout	
	(Name of Contact Person)
Half Price Kitchen & Cabi	nets, INC
	(Firm/Company)
5711 Northeast 14th Aver	nue
	(Address)
Fort Lauderdale, FL 3330	9
	(City/State and Zip Code)
For further information concerni	ng this matter, please call:
Kurt A Grout	at (_954) 551-4620
(Name of Contact Per	
Enclosed is a check for the follow	wing amount:
\$35 Filing Fee \$43.75 Fili Certificate	
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:		
	Half Price Kitchen & Cabinets, INC		
SECOND:	The document number of the corporation (if known): P11000045096		
THIRD:	The file date of the articles of incorporation: 05/10/2011		
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.		
Sign	ature:  (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)		
	DPS (Title of Person Stornbas)		

Filing Fee: \$35