

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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04/15/13--01012--010 \*\*35.00

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APR 23 2013 R. WHITE

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution of Just Ryt	e Solutions,Inc.
DOCUMENT NUMBER: P1100007220	)9
The enclosed Articles of Dissolution and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	e following:
Daniel Moehle	
(Name of Contact Person)  Just Ryte Solutions, Inc.	•
3490 S Hwy 97	
Cantonment, FL 32533	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Daniel Moehle at 850	<u>473-8111</u>
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Sample 2 \$43.75 Filing Fee & Sample 2 \$43.75 Filing Fee & Certificate of Status (Additional colenclosed)	
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 of State:  Just Ryte Solutions, Inc.
SECOND:	The document number of the corporation (if known): P11000072209
THIRD:	The date dissolution was authorized: 04/11/2013
	Effective date of dissolution if applicable: 04/11/2013  (no more than 90 days after dissolution file date)
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 groups antitled 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)
	Daniel Moehle
	(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: Just Ryte Solution, 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, Address, Phone, Email, Acct No., Amount, Purpose,
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
3490 S Hwy 97 Cantonment FL 3253 🚆 🚆 🗒
ORDER 51
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.
Did Manno
Daniel Moehle, Pres.  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