P1100088565

(Red	questor's Name)	
(Add	lress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
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(Doc	cument Number)	
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SECRETARY OF STATE ALLAHASSEE, FLORE

DOR 5/4/12

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: ARTICLES OF DISSOLU	TION
DOCUMENT NUMBER: P1100008856	<u> </u>
The enclosed Articles of Dissolution and fee a	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
MACRINA PONCE	
(Name of Con	tact Person)
F&M FARMS INC	
(Firm/Co	ompany)
375 SW 18TH AVENUE	
(Addre	ss)
HOMESTEAD FL 33030	
(City/State ar	nd Zip Code)
For further information concerning this matter,	please call:
MACRINA PONCE	at (305) 246-4149
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(A	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy Enclosed) (Additional copy is enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee El 32314	Job L Evecutive L'enter L'ircle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FILED

Pursuant to of dissolut	o section 607.1403, Florida Statutes, this Florida profit corporation submitted Roll Wing articles ion: SECRETARY OF STATE TALLAHASSEE, FLORID
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	F&M FARMS INC
SECOND:	The document number of the corporation (if known): P11000088565
THIRD:	The date dissolution was authorized: 04/30/2012
	Effective date of dissolution <u>if applicable:</u> 04/30/2012 (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 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: Macrina 6766 (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)
	MACRINA PONCE
	(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.

within 4 years after the filing of this notice.

Printed Name of the Person Filing

MACRINA PONCE

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: F&M FARMS 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:

LEGAL NAME OF THE CLAIMANT

ADDRESS

TELEPHONE NUMBER

PERSON TO CONTACT

BRIEF DESCRIPTION OF THE CLAIM

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

375 SW 18TH AVENUE

HOMESTEAD FL 33030

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

Signature of the Person Filing

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced