P12000036042

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



800302405528

08/14/17--01002--008 **43.75

ZOUT AUG II AM 9: 10
SECRETARES DE STATE

CUS ANA DISS

> AUG 14 2017 I ALBRITTON

COVER LETTER

TO: Amendment Section **Division of Corporations** Corporate Dissolution SUBJECT: DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: James P. Burleson (Name of Contact Person) Meenan P.A. (Firm/Company) 300 S. Duval Street, Suite 410 (Address) Tallahassee, FL 32301 (City/State and Zip Code) For further information concerning this matter, please call: James P. Burleson (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 Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassec, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

COVER LETTER

TO: Amendment Section Division of Corporat	
SUBJECT: Notice of Corporate I	Dissolution
DOCUMENT NUMBER:	000036042
The enclosed Articles of Dissol	ution and fee are submitted for filing.
	concerning this matter to the following:
James P. Burleson	
Mcenan P.A.	(Name of Contact Person)
300 S. Duval Street, Suite 410	(Firm/Company)
Tallahassec, FL 32301	(Address)
For further information concerning	(City/State and Zip Code) g this matter, please call:
James P. Burleson	at (⁸⁵⁰) 425-4000
(Name of Contact Pers	(Mea Code & Daytime Telephone Number)
Enclosed is a check for the follow	ing amount:
□ \$35 Filing Fee ■ \$43.75 Filin Certificate of	g Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy Certificate of Status & (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
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 articles of o	o section 607.1401, Florida dissolution:	Statutes, this Florida profit corporation submits the following
FIRST:	The name of the corpora	ation as currently filed with the Florida Department of State:
SECOND:	The document number of	f the corporation (if known):
THIRD:	The file date of the artic	les of incorporation: 4/17/2012
FOURTH:	(CHECK AT LEAST O	NE BOX)
	☐ None of the co	prporation's shares have been issued.
	The corporation	nn has not commenced business.
FIFTH:	No debt of the corporation	n remains unpaid.
SIXTH:	The net assets of the corp to the shareholders, if sha	oration remaining after winding up have been distributed tes were issued.
SEVENTH:	Adoption of Dissolut	ion (CHECK ONE)
	A majority of	 the incorporators authorized the dissolution.
		the directors authorized the dissolution.
Signa	ature:	
Ų.	(By a director, president or	ther officer - if directors or officers have not been selected, by an incorporator - if ustee, or other court appointed fiduciary, by that fiduciary.)
	and a second of the second of	the court appointed induciary, by that fiduciary.)
	Matthew Todd Joffe	
		(Typed or printed name of person signing)
	President	
		(Title of Person Signing)
		Filing Fee: \$35