

PA000042043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

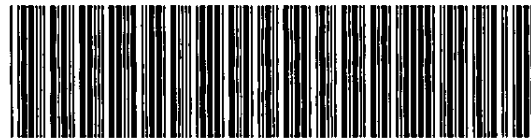
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400257514844

05/14/14--01024--014 \*\*10.00

03/17/14--01006--024 \*\*25.00

SECTION 1  
TALLAHASSEE, FLORIDA  
14 MAY - 9 PM 4:05

FILED

*VDW/n*

MAY 16 2014

R. WHITE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

14 MAY -9 PM 3:56

F  
TALLAHASSEE, FLORIDA

March 25, 2014

DIANNE BUI  
944 E 23RD  
LAWRENCE, KS 66046

SUBJECT: ZAGAPE INC.  
Ref. Number: P12000042043

We have received your document for ZAGAPE INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 714A00006368

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Zagapo Dissolution

**DOCUMENT NUMBER:** P12000042023

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dianne Bui  
(Name of Contact Person)

Zagapo Inc  
(Firm/Company)

~~1405 Curlew # 2~~ 944 E. 23<sup>RD</sup> PB 5/7/14  
(Address)

Naples FL 34102 Lawrence, KS 66046  
(City/State and Zip Code)

For further information concerning this matter, please call:

Dianne Bui at (785) 550-9000  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, Certificate of Status & 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 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:

                    Zagape Inc                    

SECOND: The document number of the corporation (if known):           P12000042043          

THIRD: The date dissolution was authorized:           5/28/2014          

Effective date of dissolution if applicable:           5/28/2014            
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

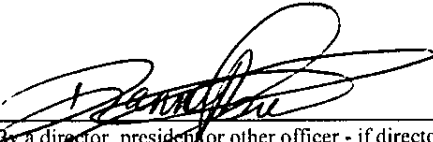
- Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- Dissolution was approved by the shareholders through voting groups.

*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)

FILED  
 14 MAY -9 PM 4:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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)

          Dianne Bui            
(Typed or printed name of person signing)

          President/Officer            
(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: Zagape 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:

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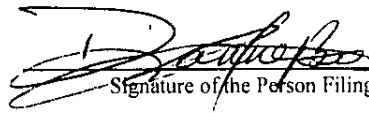
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

~~1405 Curlew #2~~ ~~2P~~  
~~Naples FL 34102~~ ~~5/4/14~~  
~~944 E. 23<sup>RD</sup>~~  
~~Lawrence, KS 66046~~

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.

Dianne Bui

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**