P12000055134

(Re	equestor's Name)			
(Aa	idress)			
(Ac	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
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10/28/13--01029--008 **35.00

13 OCT 28 PM 2: 24
SECRETARY OF STAIL
TALLAHASSEE, FI BRID

C. LEWIS 4 2013
EXAMINER

<u>CÖVER LETTER</u>

TO: Amendment Section Division of Corporations		
SUBJECT: DISSOLVE A CO	ORPORATION	
DOCUMENT NUMBER: P12000	0055134	
The enclosed Articles of Dissolution and f		
Please return all correspondence concerning	g this matter to the following:	
HECTOR J. JACOBO		
(Name of LILLY MATRESS COR	Contact Person)	
2111 N.W. 139 STREE	n/Company) TAPT #8	
(A	ddress)	
OPA LOCKA, FLORIDA	A. 33054	
(City/Sta	tte and Zip Code)	
For further information concerning this ma	tter, please call:	
HECTOR J. JACOBO	at (786_) 597-1698	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amou	int:	
■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	

Clifton Building

2661 Executive Center Circle

Tailahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

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 o	f State:				
SECOND:	The document number of the corporation (if known): P12000055134					
THIRD:	10/21/2013					
	Effective date of dissolution <u>if applicable</u> : (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 was sufficient for approval.	for disso	lutior			
	■ Dissolution was approved by the shareholders through voting groups.					
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	ntitleds	13 00			
	The number of votes cast for dissolution was sufficient for approval by	ETARY OF HASSEE.	00T 28 PM			
	(voting group)	STATE	2:24			
S	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)					
	HECTOR J. JACOBO					
	(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: LILLY MATRESS CORP	
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .	TALL
Description of information that must be included in a claim:	OCT 28 PM 2: 24 CRETARY OF STATE LAHASSEE, FLORID
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
2111 N.W. 139 STREET APT #8	
OPA LOCKA, FLORIDA 33054	
	·
A claim against the above named corporation will be barred unless a proceeding to enforce the cla within 4 years after the filing of this notice.	im is commenced

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