P12000062542

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

Office Use Only



800257891678

03/17/14--01018--016 **35.00

dussi with FILED FILED FILED

3/18/4

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dissolve Alxander Haynes Inc.
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alexander Haynes (Name of Contact Person)
Alexander Haynes Inc. (Firm/Company)
(Firm/Company)
9871 NW 515+ Ln 图
9871 NW 515t Ln B (Address) Dovail Florida 33178
(City/State and Zip Code)
For further information concerning this matter, please call:
A Cxander Haynes at (305) 915-4200 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & \$\sum \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FILED

FIRST: The name of the corporation as currently filed with the Florida Dep Alexander Haynes Inc. SECOND: The document number of the corporation (if known):	STATE ELORIDA
SECOND: The document number of the corporation (if known):	
THIRD: The date dissolution was authorized:	
	01/01/2014
Effective date of dissolution <u>if applicable</u> : (no more than 90 days after	er dissolution file date)
FOURTH: Adoption of Dissolution (CHECK ONE)	
Dissolution was approved by the shareholders. The number of was sufficient for approval.	otes cast for dissolution
Dissolution was approved by the shareholders through voting g	roups.
The following statement must be separately provided for each voting to vote separately on the plan to dissolve:	g group entitled
The number of votes cast for dissolution was sufficient for approval	by
Alexander Haynes Inc.	
(voting group)	
Signature:	_
(By a director, president or other officer - if directors or officers have not been s an incorporator - if in the hands of a receiver, trustee, or other court appointed fi that fiduciary)	
Alexander Haynes. (Typed or printed name of person signing)	
Owner PDST (Title of Jerson 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: Alexander Haynes 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:

Alexander Haynes Inc. was a transportain brokerage company. The woner Alexander Haynes Stoped working in the industry and needs to these the company.

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

9871 NW 5134 LM

Doval Florida 33178

Attn: Alxander Haynes.

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.

nder Haynes

Signature of the Person Filing