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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies		s of Status
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13 MAY -7 AM 8:52 SECRETALY OF STATE TABLAHASSEEL FLORIDA

S FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Anticles 06 DISSOlution		
DOCUMENT NUMBER: P1200085597		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Awtomathe MANSHA DAULS (Name of Contact Person) CMFL INC. (Firm/Company) 159 Beveryer Walk (Address) Wellington FL 33414 (City/State and Zip Code)		
(Name of Contact Person)		
CMFL INC.		
(Firm/Company)		
159 Berenger Walk		
(Address)		
Wellington FL 33419		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Jack VIlly at (561, 957 4300		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status \$\Bigcup \\$43.75 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) \$\Bigcup \\$35 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS: STREET ADDRESS:		
Amendment Section Amendment Section		
Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
	CMFL INC.
SECOND:	The document number of the corporation (if known): P_{120008}
THIRD:	The file date of the articles of incorporation: $\frac{lo(lo(1))}{lo(lo(1))}$
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation has not commenced business.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Sign	(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.) (Typed or printed name of person signing)
	Dunur
	(Title of Person Signing)

Filing Fee: \$35

FILING CANCELLED Notice of Corporate Dissolution RETURNED CHECK

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:CMFL_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:
Sour!
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
SAME
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.
Autolastic Daul's Printed Name of the Person Filing Signature of the Person Filing
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