(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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03/23/13--01005--011 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations		
Division of Corporations		
SUBJECT: DISSOUTION of GOOD ENTERPRISES INC		
DOCUMENT NUMBER: _ P /200008910/		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
DWAYNK M GOOD (Name of Contact Person)		
GOOD ENTERPRISES INC		
(Firm/Company)		
5/01 SW 89 H TER (Address)		
COOPER CITY For 33328		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Name of Contact Person) at (94) 5/5-676 67 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy is enclosed) Certified 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:
	GOOD ENTERPRISES INC.
SECOND:	P12 +000 00101
THIRD:	The date dissolution was authorized: 12/31/12
	Effective date of dissolution if applicable: (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)
	Signature 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)
	DWAYNE M. GOOD
	(Typed or printed name of person signing)
	(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

ENTERPRISES

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.

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:
COMPLETE PROOF OF CLAIM VIA
INVOICES SHIPPING DOCS COURT DOCS AT AS NEEDED TO PREVENT
DOCS AS NEEDED TO PREVENT
DIS PUTE
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 5101 SW 8944 Ten Cooper City FL 33328
ASS SE TI
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commented within 4 years after the filing of this notice.
DWAYNE M. GOOD
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