## P13000079896

(Requestor's Name)		
(Address)		
(Address)		
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		
		i

Office Use Only



200253926952

C. LEWIS

DEC 5 2013 EXAMINER



ACCOUNT NO. : I20000000195

REFERENCE : 852652 79

AUTHORIZATION :

merce

COST LIMIT : \$ /3\5\_00

ORDER DATE: October 18, 2013

ORDER TIME : 4:20 PM

ORDER NO. : 852652-010

CUSTOMER NO: 7957964

## DOMESTIC FILINGS

NAME: CURB YOUR EXPECTATIONS INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER'S INITIALS:

## APPROVED AND FILED

13 DEC -4 AM 8: 50

## ARTICLES OF DISSOLUTION

SECRETARY OF STATE TALLAHASSEF, FLORIDA

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: CURB YOUR EXPECTATIONS INC. The document number of the corporation (if known): SECOND: The file date of the articles of incorporation: THIRD: FOURTH: (CHECK AT LEAST ONE BOX) None of the corporation's shares have been issued. ☐ The corporation has not commenced business. FIFTH: No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed SIXTH: 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. Signature dent or other officer - if directors or officers have not been selected, by as incorporates in the hands of erectiver, trustee, or other court appointed fiduciary, by that fiduciary,) Steven S. Oh (Typed or printed name of person signing) President (Title of Person Signing)

Filing Fee: \$35