

8/3/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**DISSOLUTION OR WITHDRAWAL  
TAILORED TO WIN, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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## 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:

Tailored To Win, INC.

SECOND: The document number of the corporation (if known): P14000008670

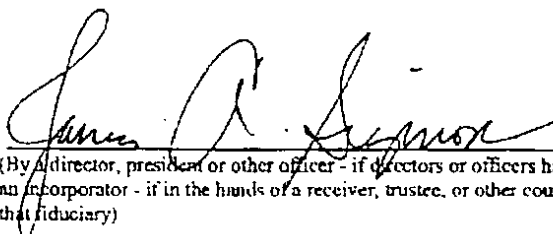
THIRD: The date dissolution was authorized:           

Effective date of dissolution if applicable:           

(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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)

James A. Sigmon

(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: Tailored To Win, INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: \_\_\_\_\_

\_\_\_\_\_  
(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

486 Chesterfield Way

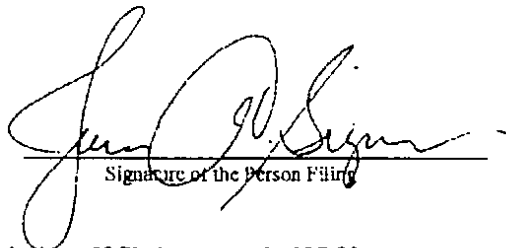
Simpsonville, Ky 40067

\_\_\_\_\_  
\_\_\_\_\_

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.

James A Sigmon

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**