

PI40000024937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

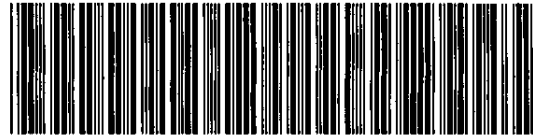
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700263438257

*also with
notice*

09/24/14--01008--021 **35.00

FILED
2014 OCT 20 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DR
10/22/14*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2014

GREGORY S. GODWIN
WRAPMEN INC
11547 SW US HWY 441 - STE. 102
BELLEVIEW, FL 34420

SUBJECT: WRAPMEN INC
Ref. Number: P14000024937

We have received your document for WRAPMEN INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the date the dissolution was authorized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 714A00021105

RECEIVED
14 OCT 20 PM 1:01
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corporate Dissolution

DOCUMENT NUMBER: P14000024937

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GREGORY S GODWIN
(Name of Contact Person)

WRAPMEN INC
(Firm/Company)

11547 SE US HWY 441 STE 102
(Address)

BELLEVIEW FL 34420
(City/State and Zip Code)

For further information concerning this matter, please call:

GREGORY S GODWIN at (352) 266-4432
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional 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:

FILED

2014 OCT 20 PM 2:23

FIRST: The name of the corporation as currently filed with the Florida Department of State

WRAP MEN INC

SECOND: The document number of the corporation (if known): P14000024937

THIRD: The date dissolution was authorized: 9.30.14

Effective date of dissolution if applicable: 9.30.14
(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: _____

(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)

BRADLEY BUTLER GREGORY S GODWIN
(Typed or printed name of person signing)

P VP
(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: WRAP MEN 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:

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


11547 SE US HWY 441 STE 102
BELLEVIEW FL 34420

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.

BRADLEY BUTLER

GREGORY S GODWIN

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