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. PICK-UP	☐ WAIT	MAIL
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R. WHITE

COVER LETTER

TO: Amendment Section **Division of Corporations** COOPER CITY TITLE & ESCROW COMPANY SUBJECT: P15000003399 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LORENE SEELER YOUNG, ESQUIRE (Name of Contact Person) LORENE SEELER YOUNG, P.A. (Firm/Company) 9124 GRIFFIN ROAD (Address) COOPER CITY, FL 33328 (City/State and Zip Code) For further information concerning this matter, please call: LORENE SEELER YOUNG (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional copy is enclosed) enclosed) STREET ADDRESS: MAILING ADDRESS: Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: COOPER CITY TITLE & ESCROW COMPANY		
SECOND:	The document number of the corporation (if known): P15000003399		
THIRD:	The file date of the articles of incorporation: 01/12/2015		
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.		
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 to Coll to A to All all adjusting TTT		
	A majority of the incorporators authorized the dissolution. A majority of the directors authorized the dissolution.		
Sigr	nature: Konne Seeles James 8/6/2015 (By a director, president or other officer - if threctors 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.)		
	CTyped 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. COOPER CITY TITLE & ESCROW COMPANY Name of Corporation: 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: DATE OF CHARGE, COPY OF INVOICE OR UNPAID CLAIM ITEM Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 9124 GRIFFIN ROAD, COOPER CITY, FL 33328 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.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

LORENE SEELER YOUNG

Printed Name of the Person Filing