P15000030294

(Re	equestor's Name)	
(Address)		
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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(Document Number)		
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DISSOLUTION OF JSEI, INC			
DOCUMENT NUMBER: P 5000030294			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Stephen Lombardo			
(Name of Contact Person)			
JSEI, INC			
(Firm/Company)			
34 LACONIA AVE			
(Address)			
(Address) STATEN ISLAND, NY (0-305			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Stephen Lombardo at (718) 702-8623 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & 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

FILED

articles of dissolution:	ida pront corporation subject the Epicavitie	
FIRST: The name of the corporation as currently	SECNETARY OF STATE TALLARASSEE, FLORIDA filed with the Florida Department of State:	
SECOND: The document number of the corporation	(if known): \$\frac{\cappa_{15}}{000030294}\$	
THIRD: The file date of the articles of incorporation	on: 4 1 15	
FOURTH: (CHECK AT LEAST ONE BOX)		
Mone of the corporation's share:	s have been issued.	
The corporation has not comme	enced business.	
FIFTH: No debt of the corporation remains unpaid	1 .	
SIXTH: The net assets of the corporation remaining to the shareholders, if shares were issued.	g after winding up have been distributed	
SEVENTH: Adoption of Dissolution (CHECK O	NE)	
☐ A majority of the incorporators	authorized the dissolution.	
A majority of the directors authorized the dissolution.		
Signature:	ando, Treasurer	
(By a director, president or other officer - if director in the hands of a receiver, trustee, or other court a	ors or officers have not been selected, by an incorporator - if ppointed fiduciary, by that fiduciary.)	
Stephen Lo.	mbardo	
	me of person signing)	
Treasu		
(Title of Per	son 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. JUEI INC 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: Name and address and nature of claim
However no business was transacted so
No claims are anticipated Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Staten Island NY 10305 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. Stephen Lombardo
Printed Name of the Person Filing

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