## Place

(Requestor's Name)	
PO Box 56855	
Jacksonville, FL. 32241	
(CityChat CityChana 4)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	,
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of Status	
<u> </u>	
Special Instructions to Filing Officer:	
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Office Use Only



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MAR 2 6 2019

S. YOUNG



March 16, 2019

EYES OF FIRE INC PO BOX 56855 JACKSONVILLE, FL 32241

SUBJECT: EYES OF FIRE INC. Ref. Number: P16000000013

We have received your document for EYES OF FIRE INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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.

Letter Number: 819A00005294

Shelia H Young Regulatory Specialist II

RECEIVED 019 MAR 25 PM 2: 52 TALL A HASSED FLE

## ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: <u>EYES OF FIRE INC.</u>		
SECOND: The filing date of the articles of incorporation was: 12/28/15		
THIRD: (CHECK ONE)	<b>19</b>	
None of the corporation's shares have been issued.	素な	FII
☐ The corporation has not commenced business.	25 PH	113
FOURTH: No debt of the corporation remains unpaid.	PH 12: 58	1
FIFTH: The net assets of the corporation remaining after winding up have been of the shareholders, if shares were issued.	distributed	
SIXTH: Adoption of Dissolution (CHECK ONE)		
★ A majority of the incorporators authorized the dissolution.		
☐ A majority of the directors authorized the dissolution.		
Signed this 31st day of December . 2018 .		
Signature  (By the chairman or vice chairman of the board, president, or other officer.) There are no off directors, by an incorporator.)	icers or	
Tamara Delahanty (Typed or printed name)	_	
P (Title)	_	