P17000088744

(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:	7

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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: Bladed Scapes Inc		
DOCUMENT NUMBER: P17000088744		
The enclosed Articles of Dissolution and	fee are submitted for filin	ıg.
Please return all correspondence concernir	ng this matter to the follow	wing:
Jason M. Sidoruk		
(Name of	Contact Person)	 -
Bladed Scapes Inc.		
(Fir	m/Company)	
26005 Exmoor Dr		
(A	Address)	
Sorrento, FL 32776		
(City/Sta	ate and Zip Code)	
For further information concerning this ma	atter, please call:	
Jason M. Sidoruk	at (³⁵²⁻³⁹¹⁻⁰¹³⁰	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amor	unt:	
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	_	C 4'C 4 - CC4 4 0
MAILING ADDRESS: Amendment Section		EET ADDRESS: endment Section

Division of Corporations

Tallahassee, Fl. 32301

2661 Executive Center Circle

Clifton Building

EFFECTIVE DATE

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: Bladed Scapes Inc				
SECOND:	The document number of the corporation (if known): P17000088744				
THIRD:					
	Effective date of dissolution if applicable: 5/30/18				
	(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:	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)				
	FLORIDA				
	Signature: Civaly Ledoul				
	(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)				
	Cindy M. Sidoruk				
	(Typed or printed name of person signing)				
	CFO				
	(Title of person signing)				