P18000070879

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Octahica copies
Special Instructions to Filing Officer:





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SEP 1 , 20,19

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Closing the Corporation without	out any activities.
DOCUMENT NUMBER: P180000708	79
The enclosed Articles of Dissolution and	d fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
IBRAHIM A ALKHAWAJA	
(Name o	of Contact Person)
6314 FOODS, INC	
(F	irm/Company)
12108 N 56TH STREET, SUITE C	
((Address)
TEMPLE TERRACE, FL 33617	
(City/S	State and Zip Code)
For further information concerning this n	natter, please call:
IBRAHIM A ALKHAWAJA	at (988-5788
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following am	ount:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	
MAILING ADDRESS: Amendment Section Division of Corporations	STREET ADDRESS: Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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 6314 FOODS, INC.	: :
SECOND:	The document number of the corporation (if known):	_
THIRD:	The file date of the articles of incorporation:	2811 SEP 17 MAIL: 8'5
FOURTH:	(CHECK AT LEAST ONE BOX)	EP 17
	None of the corporation's shares have been issued.	7
	The corporation has not commenced business.	63
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 majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Sign	(By a director, president or other officer - if directors or officers have not been selected, by an incorporate in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	r-if
	IBRAHIM A ALKHAWAJA	
	(Typed or printed name of person signing)	
	VICE 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.

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: The corporation just opened and did not do any activities. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 12108 N 56TH STREET, SUITE C TEMPLE TERRACE, FL 33617 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. IBRAHIM A ALKHAWAJA 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