P20000031140

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filodie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: \$\\\\935.00

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 5, 2023

CORPORATE ACCESS, INC.

TALLAHASSEE, FL 32303

SUBJECT: CREF INTERNATIONAL INC

Ref. Number: P20000031140

Corrected

We have received your document for CREF INTERNATIONAL INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A withdrawal application to withdraw the authority of a foreign corporation has been submitted in error. Articles of Dissolution must be filed to voluntarily dissolve a Florida corporation.

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.

Annette Ramsey OPS

Letter Number: 123A00012725



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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	PIC	K UP: Cat 6/2		
XX	CERTIFIED COPY PHOTOCOPY			
	CUS			
XX	FILING	Dissolution	, YL	
1.	CREF INTERNATION (CORPORATE NAME AND DOCUMENT)			
2.	(CORPORATE NAME AND DOCU	JMENT #)	 	
3.	(CORPORATE NAME AND DOC	JMENT #)		
4.	(CORPORATE NAME AND DOC	UMENT #)		
5.	(CORPORATE NAME AND DOC	UMENT #)		
6.	(CORPORATE NAME AND DOC	UMENT #)		
SPECIA INSTRU	L CCTIONS:			

FILED

ARTICLES OF DISSOLUTION

2023 JUN 20 AM 8: 54

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: CREF INTERNATIONAL INC
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: 5/31/2023
	Effective date of dissolution if applicable: (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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
;	Signature: (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
	robert J. Gendron
	(Typed 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. Name of Corporation: _____ The above named corporation is the subject of dissolution and the effective date of a dissolution is: (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: NAME AND CONTACT INFORMATION OF THE CLAIMANT, AMOUNT OF CLAIM, BRIEF DESCRIPTION OF THE CLAIM, AND THE DATE THE CLAIM WAS INCURRED. Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) P.O. BOX 58 ASSONET, MA 02702 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. ROBERT J. GENDRON

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

Printed Name of the Person Filing