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(Requestor's Name)
(Requestors Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Dasiness Entry (Varie)
(Document Number)
Certified Copies Certificates of Status
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24 BEC 19 PH 4: 56

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Closing Business		
DOCUMENT NUMBER: P20000035477		
The enclosed Articles of Dissolution and f	fee are submitted for filing	3 .
Please return all correspondence concernin	g this matter to the follow	ing:
Phillippa Myers		
(Name of	Contact Person)	
Flavors of Jamaica - 2 Inc		
(Fігг	n/Company)	
2975 Old Winter Garden Rd		
(A	ddress)	
Ococe, FI 34761		
(City/Sta	te and Zip Code)	
For further information concerning this ma	tter, please call:	
NO Call	at ()Call	
(Name of Contact Person)	(Area Code &	Daytime Telephone Number)
Enclosed is a check for the following amou	int:	
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address	Campat Adduses	

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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:
	Flavors of Jamaica- 2 Inc
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation: $\frac{05/11/2020}{100}$
FOURTH:	None of the corporation's shares have been issued.
FIFTH:	None of the corporation's shares have been issued. No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.
SEVENTH	A majority of the incorporators or directors authorized the dissolution.
Sign	(By a director, president or other officer - if directors of officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
	Phillippa J Myers
	(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 disso	olution.
Name of Corporation: Havors of Jamaica-2 Inc	
The above named corporation is the subject of dissolution and the effective date of a dissolution is:	8/28/2024
(date filed with the Dept, if date specified in the Articles of Dissolution)	
Description of information that must be included in a claim:	
We are closing all of our businesses.	
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corpor	rations)
2975 Old Winter Garden Road	
Ococe, Fl 34761	
,	
	
A claim against the above named corporation will be barred unless a proceeding to enforce the clain within 4 years after the filing of this notice.	m is commenced
Phillippa J Myers Printed Name of the Person Filing Printed Name of the Person Filing Signature of the Person Filing	Migran
Printed Name of the Person Filing Signature of the Person Filing	ing /

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