

P22000046247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

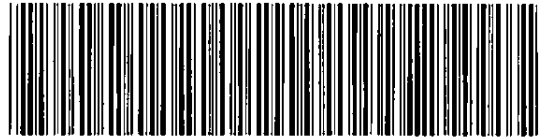
(Document Number)

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03/03/24--01014--023 **25.00

2024 APR 10 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of JR Card Creations

DOCUMENT NUMBER: P220000046247

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jolene M. Rose
(Name of Contact Person)
JR Card Creations
(Firm/Company)
2833 Grant Ave, SE
(Address)
Palm Bay, Florida 32909
(City/State and Zip Code)

2024 APR 10 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Jolene M. Rose at ((321) 704-9464)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$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:

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 607.1403, 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:

JR Card Creations

SECOND: The document number of the corporation (if known): P22000046247

THIRD: The date dissolution was authorized: March 1st

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution filing 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 that fiduciary)

Jolene M. Rose

(Typed or printed name of person signing)

Owner

(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: JR Card Creations

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

March 1, 2024

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Contact Information

Reason for claim

Date of claim

2024 APR 10 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FL

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

2833 Grant Ave SE

Palm Bay, FL 32909

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.

Jolene M. Rose

Printed Name of the Person Filing

Jolene M. Rose

Signature of the Person Filing

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