

P22000048802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

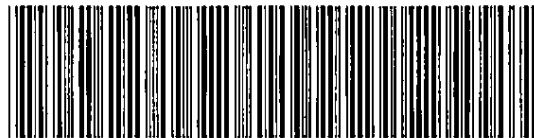
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

NOV 17 2022

Office Use Only



800397349778

FILED
2022 NOV 16 AM 10:19
SECRETARY
FALL ARIZONA

2022 NOV 15 AM 8:24

FLORIDA CAPITAL COURIER SERVICES, INC.
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: I20210000160 Amount: \$ 52.50
Authorization Signature: *James L. Smith*
CUSTOM-MI, Inc. P22000048802
Business Document #

☐ Walk in
☐ Pick up time

☐ Mail out ☐ Will wait

☐ Photocopy

☒ **Certified Copy of Articles of Incorporation (please stamp each page)**

☒ **Certificate of Status**

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ LLLP
☐ **CORP**

AMMENDMENTS

☒ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ **Conversion**
☐ **AFFIDAVID BY FOREIGN CORP.**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Statement of Partnership
☐ Reinstatement

 APOSTIL

 Other

Country

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC.
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: I20210000160 Amount: \$ 52.50
Authorization Signature: *James Feller*
CUSTOM-MI, Inc. P22000048802
Business Document #

☐ Walk in
☐ Pick up time

☐ Mail out ☐ Will wait

☐ Photocopy

☒ **Certified Copy of Articles of Incorporation (please stamp each page)**

☒ **Certificate of Status**

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ LLLP
☐ **CORP**

AMMENDMENTS

☒ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ **Conversion**
☐ **AFFIDAVID BY FOREIGN CORP.**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Statement of Partnership
☐ Reinstatement

 APOSTIL

Country

 Other

EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CUSTOM-MI, INC.

DOCUMENT NUMBER: P22000048802

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

Please return all correspondence concerning this matter to the following:

Raymond G. Robison

(Name of Contact Person)

Fox McCluskey Bush Robison, PLLC

(Firm/Company)

3461 SE Willoughby Blvd.

(Address)

Stuart, FL 34994

(City/State and Zip Code)

For further information concerning this matter, please call:

Raymond G. Robison

(Name of Contact Person)

at (772-287-4444

(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:

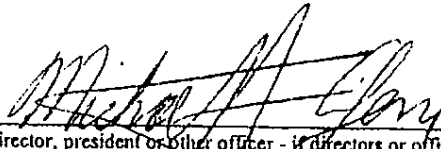
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2022 NOV 16 AM 10:18
SECRETARY OF
HALLAHASSEE FL

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:
CUSTOM-MI, INC.
- SECOND: The document number of the corporation (if known): P22000048802
- THIRD: The date dissolution was authorized: 10/31/2022
Effective date of dissolution if applicable: 12/31/2022
(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 that fiduciary)

Michael Ciferri, Sr.

(Typed or printed name of person signing)

President and Director

(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: CUSTOM-MI, INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: 12/31/2022

(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 Address of Claimant

Amount of Claim

Whether Claim is Secured or Contingent

Detailed Description of Type of Claim

Date Claim Arose

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

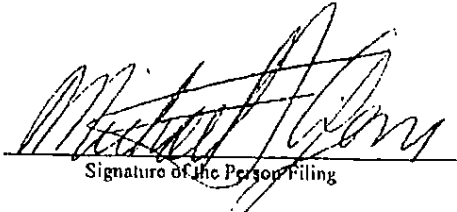
4249 SW High Meadow Ave.

Palm City, FL 34990

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.

Michael Ciferri, Sr.

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