P93000026401

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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ANDISSION 10 10.24,13

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: Articles of Dissolution		
DOCUMENT NUMBER: P93000026401		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
John T. Brown (Name of Contact Person) S(eepy Oaks Tuc. (Firm/Company)		
(Name of Contact Person)		
S(cepy Oaks, Inc.		
(Firm/Company)		
1940 LEWIS TURNER BLVD.		
(Address)		
Et. Walton Beach EL 32547' (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Tohn T. Brown at (850) 243-4177 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\to\$ \$43.75 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & \$\times\$ \$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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

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:
	Sleepy Oaks, Inc.
SECOND:	The document number of the corporation (if known): P 9 30000 26 401
THIRD:	The date dissolution was authorized:
	The date dissolution was authorized: September 17,2013 Effective date of dissolution if applicable: September 17,2013 (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	☐ Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
,	N/A
	(voting group)
	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)
	To ha T. Brown (Typed or printed name of person signing)
	Oirector Aresident + Sole Shareholder (Title of person signing)
	(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.

Sleepy Oaks, Inc.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

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 name of the claim aut together with claimant's alloess and the nature of the claim, including amount claimed
claimant's alloess and the nature of
the claim, including amount claimed
••
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
John T. Brown
1940 LEWIS TURNER BLVD.
Et. Walton Beach, FL 32547
32547

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

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.

John T. Boow W Poesident

Printed Name of the Person Filing