## P930000/42/7

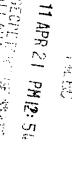
| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)              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



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## **COVER LETTER**

| TO: Amendment Section  |
|--|
| Division of Corporations   |
| SUBJECT: DISSOLUTION OF BUSINESS   |
| DOCUMENT NUMBER: 607. 1403   |
| The enclosed Articles of Dissolution and fee are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:  |
| PATRICIA ATKINSON (Name of Contact Person)   |
| , ,  |
| ATKINSON CABINETRY, INC<br>(Firm/Company)  |
| (Firm/Company)   |
| 3670 US HWY 1 So SUITE 100 (Address)   |
|  |
| ST. Augustine, X/ 32086  |
| (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| (Name of Contact Person) at (386) 341. 4490 (Cell) (Area Code & Daytime Telephone Number)  |
| Enclosed is a check for the following amount:  |
| \$35 Filing Fee \$\times \text{\$43.75 Filing Fee & \$\times \text{\$43.75 Filing Fee & \$\times \text{\$52.50 Filing Fee,} } \\ Certificate of Status & Certified Copy (Additional copy is enclosed)  \$\times \text{\$43.75 Filing Fee & \$\times \text{\$52.50 Filing Fee,} } \\ Certificate of Status & Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:         |          |
|---------|--|----------------|----------|
|         | atherson Cabinetry Inc.  |                |          |
| SECOND: | The document number of the corporation (if known): Pq 30000 44   | 217            | _        |
| THIRD:  | The date dissolution was authorized: $4-1-1/1$   |                | _        |
|         | Effective date of dissolution if applicable: 4-1-1/ (no more than 90 days after dissolution file   | e date)        | -        |
| FOURTH: | Adoption of Dissolution (CHECK ONE)  |                |          |
|         | Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.  | r dissolutio   | n        |
|         | Dissolution was approved by the shareholders through voting groups.  |                |          |
|         | The following statement must be separately provided for each voting group ent to vote separately on the plan to dissolve:  | itled          |          |
|         | The number of votes cast for dissolution was sufficient for approval by  | Z <sub>E</sub> | <u> </u> |
|         |  |                | APR      |
|         | (voting group)   |                | <u></u>  |
|         |  |                | PK S     |
| 5       | Signature: Advice Alkerian Jurinical P.  (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 |                | ប្តាំ    |
|         | that fiduciary)  |                |          |
|         | (Typed or printed name of person signing)  |                |          |
|         | Financial (P   |                |          |
| -       | (Title of person cigning)  |                |          |

Filing Fee: \$35