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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: dissolution	
DOCUMENT NUMBER: P930000847	755
The enclosed Articles of Dissolution a	nd fee are submitted for filing.
Please return all correspondence concer	ming this matter to the following:
Sharon Zinovoy	
(Name	e of Contact Person)
E-Z Blinds, Inc.	
(Firm/Company)
10524 Moss Park Rd #204-108	22
	(Address)
Orlando, FL 32832	(Address)
(City	/State and Zip Code)
For further information concerning this	matter, please call:
Sharon Zinovoy	at (at (
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following a	mount:
■ \$35 Filing Fee □ \$43.75 Filing Fee Certificate of State	
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 Sta E-Z Blinds, Inc.				
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized:				
	Effective date of dissolution if applicable: (no more than 90 days after		<u> </u>		
	(no more than 90 days after Note: If the date inserted in this block does not meet the applicable statutory filin not be listed as the document's effective date on the Department of State's records	ig requireme	ile date) ents, this date will		
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.				
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			AUG		
		::	3:		
			 		
	Signature: (By a director, president or other officer - if directors or officers have not been se an incorporator - if in the hands of a receiver, trustee, or other court appointed fid that fiduciary)	lected, by uciary, by			
	Sharon Zinovoy				
	(Typed or printed name of person signing)				
	President				
	(Title of person signing)		, , , , , , , , , , , , , , , , , , ,		

Filing Fee: \$35