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COVER LETTER

TO: Amendment Section **Division of Corporations**

Tradition Florist, Inc. SUBJECT:

DOCUMENT NUMBER:

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

Please return all correspondence concerning this matter to the following:

jam. o Hnn

ame of Contact Person)

(Firm/Company) (Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Area Code & Daytime Telephone Number) at ((Name of Contact/Person)

Enclosed is a check for the following amount:

■\$35 Filing Fee ■\$43.75 Filing Fee & ■\$43.75 Filing Fee & ■\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) STREET ADDRESS: MAILING ADDRESS: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations **Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

MPrippn The document number of the corporation (if known):_ SECOND: The file date the articles of incorporation: THIRD:

FOURTH: (CHECK AT LEAST ONE BOX)

None of the corporation's shares have been issued.

The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

- SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.⁻
- SEVENTH: Adoption of Dissolution (CHECK ONE)

A majority of the incorporators authorized the dissolution.

A majority of the directors authorized the dissolution.

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.) yped or printed name of p son signing) igning)

Filing Fee: \$35