

P95000018214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

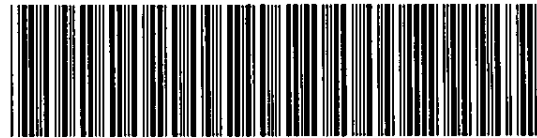
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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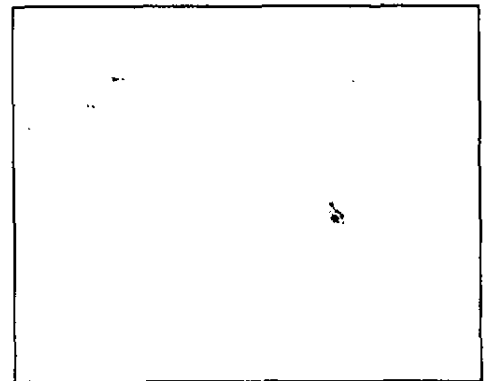
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2014 APR 24 10:07:01  
10:07:01  
SUFFICIENCY OF FILING

Dissolution w/notice

APR 25 2014

T. CARTER

FLORIDA RESEARCH & FILING SERVICES, INC.  
1211 CIRCLE DRIVE  
TALLAHASSEE, FL 32301  
PHONE (850)364-8000



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WALK-IN

ENTITY NAME:

COPANS INDUSTRIAL PARK, INC.

CK# 6443 FOR \$131.25 (\$43.75 for this filing)

PLEASE FILE THE ATTACHED DISSOLUTION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

\_\_\_ STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

Examiner's Initials

**ARTICLES OF DISSOLUTION**  
**COPANS INDUSTRIAL PARK, INC.**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 APR 24 AM 10:50

Pursuant to Section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

- FIRST: The name of the corporation is COPANS INDUSTRIAL PARK, INC.
- SECOND: The Document Number of the corporation is P95000018214.
- THIRD: The dissolution was authorized on March 18, 2014.
- FOURTH: The Dissolution was approved by the written consent of the sole shareholder and all of the directors.
- FIFTH: The effective date of the dissolution shall be upon the filing of the Articles of Dissolution with the Secretary of State of the State of Florida.

Signed this 18 day of MARCH, 2014.

COPANS INDUSTRIAL PARK, INC.

By: \_\_\_\_\_

Ozer Eshet, President

## **NOTICE OF CORPORATE DISSOLUTION**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this limited partnership as provided in Section 607.1407, F.S.

The date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

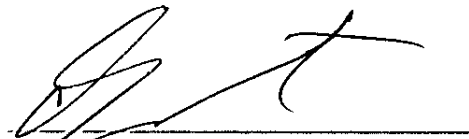
FIRST: The name of the dissolved corporation is:  
Copans Industrial Park, Inc.

SECOND: The information to be provided in the claim shall include the date of the claim, the amount of the claim, and the name of the creditor.

THIRD: The mailing address where claims can be sent is as follows:

Robert J. Sossin  
4330 Sheridan Street, Suite 202B  
Hollywood, FL 33021

FOURTH: A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.

  
Ozer Eshet, President