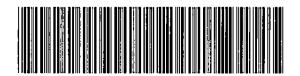
## P9500010923

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
/On supposed Muselines
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
J. HORNE APR - 8 2024
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03/18/24: -01007-+021 \*\*35.00



## COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Dissolution of Corporation
DOCUMENT NUMBER: P 950000 70923
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Perkine CAbinetry INC. (Firm/Company)
10791-6th tre Gulf (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305 - 923 - 6946) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed)  Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Perrine Cabinetry INC
SECOND:	The document number of the corporation (if known): P950000 709 23
ΓHIRD:	The date dissolution was authorized: 3/31/2024
	Effective date of dissolution <u>if applicable</u> :  (no more than 90 days after dissolution file date)
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	(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)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35