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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: J2K Nurseny, Inc
DOCUMENT NUMBER: P9600043249
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joseph A. Porter (Name of Contact Person)
(Name of Contact Person)
JUK MUrsery, Inc (Firm/Company)
14750 SW 216 St . (Address)
(City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Joseph A. Porter at (305) 255-8198/Ext 15 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee,  Certificate of Status & Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION FILE

Pursuant to of dissolut	o section 607.1403, Florida Statutes, this Florida profit corporation <b>/slithnat/state/ioffow/frg/alt</b> icles
oi dissolut	SECRETARY OF STATE TALL'AHASSEE, FLORID?
FID CT.	
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	18 MURSERY, INC
SECOND:	The document number of the corporation (if known): P9600043Z46
THIRD:	The date dissolution was authorized: 2312010
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	(voting group)
	$\Omega$
	Signature: X 6080HH. Wats/
	(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)
	Joseph A Ponter (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35

## **Notice of Corporate Dissolution**

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

Inis "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation: JL K NUNSERE, Inc
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
ANY EQUIPMENT J+K. HAD  WAS DISCARDED AND DISPOSED
URS DISCARDED AND DISPOSED
OF.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)    B D  SW 98 Cout    Miaun' F( 33157)
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
Loch A Parte x Cherry A. Porta

rinted Name of the Person Filing

Signature of the Person Filing