

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H210001366223ABCX

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : ROBERT D. ROYSTON, JR., P.A.  
Account Number : I20150000047  
Phone : (239) 205-2225  
Fax Number : (239) 205-2016

DISSOLUTION OR WITHDRAWAL  
PERFECT CUP INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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2021 APR -6 PM 5:17

SECRETARY OF STATE  
TALLAHASSEE, FL

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2021 APR -6 AM 11:42

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APR 07 2021

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## 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 State:  
Perfect Cup, Inc.

SECOND: The document number of the corporation (if known): P96000082113

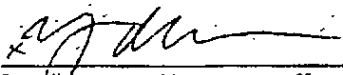
THIRD: The date dissolution was authorized: April 6, 2021

Effective date of dissolution if applicable: Date of Filing

(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.

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)

Whitney Brown

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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**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.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Perfect Cup, Inc.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: \_\_\_\_\_

Date of Filing with the Dept. \_\_\_\_\_

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

The full legal name of each claimant. The amount of each claim. A description of the facts and legal basis for each

claim. The date on which the legal basis for each claim accrued. The name, physical address, e-mail address and

telephone number for each claimant, or the legal representative of each claimant.

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

Attn: Whitney Brown

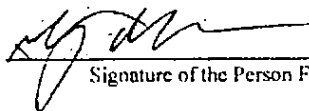
PO Box 177

Matlacha, FL 33993

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.

Whitney Brown

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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