1970000 33306

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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04/02/24--01020--023 **35.00



Official 21

COVER LETTER

Division of	Corporations			
SUBJECT: Disolutio	n of Florida Corporation: J	ack Roberts, Inc.		_
DOCUMENT NUM	P97000033306			
The enclosed Article	es of Dissolution and fo	ee are submitted for filin	g.	
Please return all corr	espondence concerning	g this matter to the follow	ving:	
Carolyn Roberts				
	(Name of	Contact Person)	ر ب	
Jack Roberts, Inc.				
	(Fim	n/Company)		
28001 Sosta Lane, unit 2			Art ASSE	6 4 4 8 4 2
	(Ad	ddress)	6: 03 STATE	3.00
Bonita Springs, FL 3413	35		O3	
	(City/Sta	te and Zip Code)		
For further informati	on concerning this mat	ter, please call:		
Carolyn Roberts		at (²³⁹⁻²⁷²⁻²²¹²		
(Name of	Contact Person)	(Area Code)	(Daytime Telephone N	Number)
Enclosed is a check t	for the following amou	nt:		
■ \$35 Filing Fee	3 \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)	•
Mailing Address: Amendment Section Division of Corpo	on	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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: Jack Roberts, Inc.				
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized: December 31, 2023				
	Effective date of dissolution if applicable: December 31, 2024				
	(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)				
	Carolyn Roberts				
	(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.

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

Name of Corporation:		
The above named corporation is the subject of dissolution and the	he effective date of a dissolution is:	12/31/2023
(date filed with the Dept. if date specifi	ed in the Articles of Dissolution)	
Description of information that must be included in a claim:		
One of the officers, John A. Roberts, Jt., passed away on Septbmer 2,	2022 and the corporation is no longer of	operable.
Mailing address where written claims can be sent: (Claims cann	ot be sent to the Division of Corpor	akkins)
Carolyn Roberts		—
28001 Sosta Lane		
Unit 2		
Bonita Springs, FL 34135		
A claim against the above named corporation will be barred unl within 4 years after the filing of this notice.	ess a proceeding to enforce the claim	m is commence
Carolyn Roberts Printed Name of the Person Filing	Carly Robert Signature of the Person Fil	

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