P97000075388

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SECRETARY OF STATE ALLAHASSEE. FLORIDA

RECORDINARY OF STATE ALLAHASSEE. FLORIDA

REC

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Articles of Dissolu	ution
DOCUMENTS NUMBER	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
Carol Matwiczyk	
(Name of	Contact Person)
Carol Matwiczyk, Inc.	·
(Fir	m/Company)
1215 North Lake Way	
(A	Address)
Palm Beach, FL 33480	·
(City/Sta	ate and Zip Code)
For further information concerning this ma	atter, please call:
Carol Matwiczyk	at (561) 844-6868 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	unt:
\$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status	✓ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 26, 2007

CAROL MATWICZYK 1215 NORTH LAKE WAY PALM BEACH, FL 33480

SUBJECT: CAROL MATWICZYK, INC.

Ref. Number: P97000075388

We have received your document for CAROL MATWICZYK, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Document Specialist

Letter Number: 507A00020421

07 APR -2 AM 8: 01

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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 S	tate:	
	Carol Matwiczyk, Inc.		
SECOND:	The document number of the corporation (if known):		
THIRD:	The file date of the articles of incorporation: 08/29/97	0	
FOURTH:	(CHECK AT LEAST ONE BOX)	7 APR	
	None of the corporation's shares have been issued.	APR -2 PM 3: 2	
•	The corporation has not commenced business.	ယ္	(
FIFTH:	No debt of the corporation remains unpaid.	7	
SIXTH:	The net assets of the corporation remaining after winding up have been distribute to the shareholders, if shares were issued.	ed	
SEVENTH:	: Adoption of Dissolution (CHECK ONE)		
	A majority of the incorporators authorized the dissolution.		
	A majority of the directors authorized the dissolution.		
Sign	nature: (By a director, president or other officer - if directors or officers have not been selected, by an incorping the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	orator - i	f
	Carol Matwiczyk		
	(Typed or printed name of person signing)		
	President		
	(Title of Person Signing)		

Filing Fee: \$35