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(((H21000139845 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : GOZA AND HALL, P.A.

Account Number : I20000000000 Phone : (727)799-2625

Fax Number : (727)796-8908

> DISSOLUTION OR WITHDRAWAL CARLEN, INC.

Certificate of Status	0
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V SHIKEP APR O 9 2021

Tallahassee, FL 32303

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COVER LETTER

TO: Amendment Section Division of Corporations		
CARLEN, INC. SUBJECT:		
SUBJECT:		
P98000093976 DOCUMENT NUMBER:		
The enclosed Articles of Dissolution and fe	ee are submitted for filin	g.
Please return all correspondence concerning		
	,	·…В·
DONALD R. HALL, ESQ.		
(Name of C	Contact Person)	
GOZA AND HALL, P.A.		
(Гіпт	n/Company)	
28050 U.S. HWY, 19 N., SUITE 402		
(Ac	ldress)	
CLEARWATER, FL 33761		
(City/Stat	e and Zip Code)	
For further information concerning this matt	ter, please call:	
DONALD R. HALL	at (
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amour	nt:	
■ \$35 Filing Fee □ \$43.75 Filing Fec & 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 Corporations P.O. Box 6327 Tallahassee, FL 32314	Amer Divis The C	t Address: adment Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810

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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: CARLEN, INC.			
SECOND:	he document number of the corporation (if known):			
THIRD:	The date dissolution was authorized: February 11, 2021			
	Effective date of dissolution if applicable: February 1, 2021			
	(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.			
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	Signature: 4 ml A My 19			
	(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)			
	CAROL E. MARTIN			
•	(Typed or printed name of person signing)			
	PRESIDENT			
•	(Title of person signing)			

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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:
The above named corporation is the subject of dissolution and the effective date of a dissolution is:
February 1, 2021
(date filed with the Dept. if date specified in the Articles of Dissolution)
Description of information that must be included in a claim:
All claims against the assets of the corporation must be made in writing and include the claim amount, basis and
origination date.
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)
c/o ELLIS & CO., LTD., P.O. BOX 1879, TARPON SPRINGS, FL 34688-1879
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.
CAROLE, MARTIN
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