

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION OF CORPORATION
DOCUMENT NUMBER: <u>P9900093772</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LINDA E. MOBERG
(Name of Contact Person)
A JE COPPORATION (Firm/Company)
(Firm/Company)
307 WILDEMERE RD
WEST PARM BEACH F2 33401
(City/State and Zip Code)
For further information concerning this matter, please call:
UNDA MOBERG at (501) 355-7023 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: /
□\$35 Filing Fee □\$43.75 Filing Fee & □\$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 BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

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 State:	
	HJE WAYOURION	
SECOND:	The document number of the corporation (if known): P9900093172	
THIRD:	The file date of the articles of incorporation: $\frac{10/35/1999}{}$	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH:	: Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	·April
	A majority of the directors authorized the dissolution.	A CONTRACTOR
		T
Sign	By a director, president or other officer - if directors or officer; have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed (figure are).	
	(Typed or printed name of person signing)	
	PRESIDENT	

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: ATE COKPORATION

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

NAME OF COMPANY
ADDRESS OF COMPANY
INDICE AND DESCRIPTION
DATE SERVICE WAS PERTORMED OF PROVIDED
AUTHORIZING SIGNATURE

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

LINDA MOBERG 307 WILDEMERE ROAD WEST PARM BEACH FL 33401

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.

Printed Name of the Person Filing

Signature of the Person Filing