## P99000098089

| (Re                     | equestor's Name)  |             |  |
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| PICK-UP                 | ☐ WAIT            | MAIL        |  |
| (Bu                     | siness Entity Nar | ne)         |  |
| (Document Number)       |                   |             |  |
| Certified Copies        | _ Certificates    | s of Status |  |
| Special Instructions to | Filing Officer:   |             |  |
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 12, 2008

JOHN MURPHY MURPHYS MOBILE REPAIR INC. P O BOX 37335 JACKSONVILLE, FL 32236

SUBJECT: MURPHY'S MOBILE REPAIR, INC.

Ref. Number: P99000098089

We have received your document for MURPHY'S MOBILE REPAIR, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

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) 245-6892.

Letter Number: 508A00009028

Tina Roberts Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## **COVER LETTER**

. TO: Amendment Section

| Division of Corporations   |  |  |  |
|--|--|--|--|
| SUBJECT: Murphy's Mobile Repair, Inc.  |  |  |  |
| DOCUMENT NUMBER: P99000 98 089   |  |  |  |
| The enclosed Articles of Dissolution and fee are submitted for filing.   |  |  |  |
| Please return all correspondence concerning this matter to the following:  |  |  |  |
| John Murphy (Name of Contact Person)   |  |  |  |
|  |  |  |  |
| Morphy's Mobile Repair, Unc. (Firm/Company)  |  |  |  |
|  |  |  |  |
| POBox 37335 (Address)  |  |  |  |
| Opersonville Cl 32236  |  |  |  |
| Gacksonville, Fl 32234 (City/State and Zip Code)   |  |  |  |
| For further information concerning this matter, please call:   |  |  |  |
| John Murphy at (904) 379-6154  (Name of Contact Person) (Area Code & Daytime Telephone Number)   |  |  |  |
| Enclosed is a check for the following amount:  |  |  |  |
|  |  |  |  |
| \$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee,  Certificate of Status & Certified Copy (Additional copy is enclosed)  Certificate of Status & Certified Copy (Additional copy is enclosed) |  |  |  |
| MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section  |  |  |  |
| Division of Corporations  Division of Corporations   |  |  |  |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle  |  |  |  |

Tallahassee, FL 32301

## 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:                              |  |
|---------|--|--|--|
|         | Murphy's Mobile Kapair, Onc.   |  |  |
| SECOND: | The document number of the corporation (if known): P990000   | 98089                                  |  |
| THIRD:  | The date dissolution was authorized: 9-30-07   |  |  |
|         | Effective date of dissolution if applicable: (no more than 90 days after dissolution)  | n file date)                           |  |
| FOURTH: | Adoption of Dissolution (CHECK ONE)  |  |  |
|         | Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.   | t for dissolution                      |  |
|         | Dissolution was approved by the shareholders through voting groups.  | 1                                      |  |
|         | The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:  | 08 MAR 24 M D 40  RALLAHLANDEEL FLORID |  |
|         | The number of votes cast for dissolution was sufficient for approval by  | OF INTERACTION                         |  |
|         | (voting group)   |  |  |
|         |  |  |  |
|         | Signature:  (By a director, president of other officer - if director 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) |  |  |
|         | Johny Murphy   |  |  |
|         | (Typed or printed name of person signing)  OWNER (Title of person signing)   |  |  |

Filing Fee: \$35