582655

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT.	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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02/13/15--01009--008 **35.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

9015 FCD 13 AM 10-50

AMD 155 april 15

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dissolution of Midway Shoe Popal's In
DOCUMENT NUMBER: <u>582655</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joe Jenquine or Lugene Azur (Name of Contact Person)
(Firm/Company)
11776 106 Ave (Address)
Seminole FL 33778 (City/State and Zip Code)
For further information concerning this matter, please call:
Lugene Azar at (727) 504-5568 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton 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:
	MIDWAY SHOE REPAIR INC
SECOND:	The document number of the corporation (if known): 5 92655
THIRD:	The date dissolution was authorized: $1-1-15$
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	. Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	OLVEST SE
	(voting group)
	(voting group)
	Signature: (By a director, president or other officer of directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by
	Signature: (By a director, president or other officer of 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)
	Joseph E. JENQUINE (Typod or printed name of person signing)
	OWNER PRES

Filing Fee: \$35