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SECRETARY OF THE PHOSTING

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Notice of Corporate Dissolution.
DOCUMENT NUMBER: EIN 03-0524652
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sharon LEIGHTON (Name of Contact Person)
Sharon LEIGHTON, INC (Firm/Company)
270 Sea Duneo Dr. (Address)
Melbourne Beach FL 32951 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Sharon Leighton at (321) 288-8200 w (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\to\$ \$43.75 Filing Fee \$\times\$ Certificate of Status \$\times\$ Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee \$\times\$ Certificate of Status \$\times\$ Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

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 Stat	e:		
	Sharon Leighton, Inc.				
SECOND:	The document number of the corporation (if known): EIN -03-0	524	<u>.65</u>	2	
THIRD:	The date dissolution was authorized: 12-01-13			_	
	Effective date of dissolution if applicable: (no more than 90 days after dissolution)	n file dar	ie)	_	
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	t for di	ssolut	ion	
	☐ 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	SECRET	14 APR 2		
	(voting group)	SSEE	رب بر	T TT	
	Signature: (By a director, president or other officer -) f 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)		PH 3: 39	C	
	SHARON LEIGHTON				
	(Typed or printed name of person signing)				
	DRESIDENT				
	(Title of person signing)				

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