P03000052866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _______ Certificates of Status ___✓___

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Office Use Only

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORPORATE DISOLUTION

DOCUMENT NUMBER: P03000052862

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OMAR A. GRAIBE
(Name of Contact Person)

THE GRAIBE GROUP QUIZNO'S STORE
(Firm/Company)

P.O. BOX 2616
(Address)

NAPLES, FL 34106
(City/State and Zip Code)

For further information concerning this matter, please call:

OMAR GRAIBE at (954) 648-196
(Name of Contact Person) (Area Code & Daytime Telephone

Enclosed is a check for the following amount:

☐ $35 Filing Fee ☒ $43.75 Filing Fee & Certificate of Status ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ $52.50 Filing Fe Certificate of Stat Certified Copy (Additional copy enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Ci
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the follow articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of Stat

THE GRAIBE GROUP QUIZNOS STORE

SECOND: The document number of the corporation (if known): P03000052

THIRD: The file date of the articles of incorporation: MAY 13, 2003

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.

☐ A majority of the directors authorized the dissolution.

Signature: Omar Graibe

(By a director, president or other officer - if directors or officers have not been selected, by an incorporat in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

OMAR GRAIBE

(Typed or printed name of person signing)

PRESIDENT / OWNER

(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 ur 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 diss

Name of Corporation:_____

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)

P.O. BOX 2616
NAPLES, FL 34106

A claim against the above named corporation will be barred unless a proceeding to enforce the clai within 4 years after the filing of this notice.

OMAR GRAIBE
Printed Name of the Person Filing

Signature of the Person Fil

Fee: No charge if included with Articles of Dissolution. If filed separately $35