

472330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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Art Diss.
w/ notice
to 2.7.04



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01/25/06 - 0001 - 0001 *25.00

FILED
06 FEB -7 AM 10:00
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF CORPORATION

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

EMANUEL A. MARACINI

(Name of Contact Person)

MARACINI UPHOLSTERERS, INC

(Firm/Company)

1230 N.E. 91ST TERRACE

(Address)

MIAMI, FL 33138

(City/State and Zip Code)

For further information concerning this matter, please call:

EMANUEL A. MARACINI

(Name of Contact Person)

at (305) 498-8050

(Area Code & Daytime Telephone Number)

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 Fee, Certificate of Status & Certified Copy (Additional copy is 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 Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

EMANUEL A. MARACINI
1230 N.E. 91ST TERRACE
MIAMI, FL 33138

SUBJECT: MARACINI UPHOLSTERERS, INC.
Ref. Number: 472330

We have received your document for MARACINI UPHOLSTERERS, 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):

NO DOCUMENT ENCLOSED.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 506A00006510

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:

Maracini Upholsterers, Inc.

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

472330

THIRD: The date dissolution was authorized: 12/31/05

Effective date of dissolution if applicable: 12/31/2005

(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 of 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

(voting group)

Signature:

Emanuel A. Maracini

(By a director, president or other officer - if 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)

Emanuel A. Maracini

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
06 FEB -7 AM 10:00
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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: Maracini Upholsterers, Inc.

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, address and telephone number of claimant; basis of claim, and
amount of claim.

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

Emanuel A. Maracini

1230 N.E. 91st Terrace

Miami, FL 33138

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.

Emanuel A. Maracini

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00