

G 81938

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**DISSOLUTION OR WITHDRAWAL  
SONESTA HOTELS OF FLORIDA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

FILED  
2012 FEB -1 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

12 FEB -1 AM 01

Electronic Filing Menu

Corporate Filing Menu

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*diss with notice*

*ADR*  
*2/1/12*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sonesta Hotels of Florida, Inc.

**DOCUMENT NUMBER:** G81938

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

Please return all correspondence concerning this matter to the following:

Jennifer B. Clark

(Name of Contact Person)

Sonesta Hotels of Florida, Inc.

(Firm/Company)

Suite 300, Two Newton Place, 255 Washington Street

(Address)

Newton, Massachusetts 02458-2076

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer B. Clark

(Name of Contact Person)

at ( 617 ) 796-8183

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

FILED

ARTICLES OF DISSOLUTION

2012 FEB -1 PM 2:42

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Sonesta Hotels of Florida, Inc.

SECOND: The document number of the corporation (if known): G81938

THIRD: The date dissolution was authorized: January 31, 2012

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

\_\_\_\_\_  
(voting group)

Signature: \_\_\_\_\_

(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)

Jennifer B. Clark

(Typed or printed name of person signing)

Secretary

(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.

Name of Corporation: Sonesta Hotels of Florida, 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:

Notice of a claim must include the amount of the claim, the basis of such claim,  
any supporting documents or statements of account, and the name and  
address of the claimant.

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

Suite 300

Two Newton Place

255 Washington Street

Newton, MA 02458-2076

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.

Jennifer B. Clark

Printed Name of the Person Filing

Jennifer B. Clark  
Signature of the Person Filing

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