# 702674

(R	equestor's Name)	
F <sub>1</sub>		
•		
(A	ddress)	
(A	ddress)	<del></del>
	,	
(C	ity/State/Zip/Phone#	f)
T PICK-UP		MAIL
		<u> </u>
(B	usiness Entity Name	)
,	•	,
(C	ocument Number)	
Cadified Carias	Cartificates	£ C4=4
Certified Copies	Certificates o	i Status
Special Instructions to	o Filing Officer:	
İ		
Linnal	am.	
A Y		
)	Office Use Only	



400281823494

02/05/16--01019--005 \*\*52.50

Mouh

MAR 11 2016

R. WHITE

SECRETARY OF STATE

ALL AHASSET FLORID



### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2016

MICHELE FANGET 158 LOST BRIDGE DRIVE PALM BEACH GARDENS, FL 33410

SUBJECT: MICHELE ASSOCIATES, INC.

Ref. Number: J02674

We have received your document for MICHELE ASSOCIATES, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A revocation of dissolution can only be filed on a voluntarily dissolved corporation. As the above referenced entity is an active corporation, revocation of dissolution cannot be filed. If it is your intent to voluntarily dissolve this corporation, please find enclosed and complete articles of dissolution for a Florida for profit corporation.

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) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 816A00002745

amenalment Rootean aller Robeacon Witte

hivision of Cornerations - P.O. ROX 6327 -Tallahassee Florida 32314

## **COVER LETTER**

Division of Corporations	
SUBJECT: Dissolue	Corporation
DOCUMENT NUMBER: Ref # 5 C	$\alpha + \frac{1}{2} $
Please return all correspondence concerning this matter t	to the following:
Michele Fan	get
(Firm/Company)	ociates lue.
158 Lost Bridge	Drive
(Address >	us, F1 33410
For further information concerning this matter, please cal	11:
Michele Fanget at (5 (Name of Contact Person) (A	161 252-8354 Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	( Loud as
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Fil Certificate of Status Certified C (Additional enclosed)	l copy is Certified Copy
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:  Michele Associates Inc.
SECOND:	The document number of the corporation (if known):
THIRD:	The file date of the articles of incorporation: March 2/2016
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 incorporators authorized the dissolution.  A majority of the directors authorized the dissolution.  Only director Michele Fanget
Sign	(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.)
	(Typed or printed name of person signing)
	(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: Michele Associates Inc.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
Do longer conducting lusiness
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  Michele Fanget  School Bridge Wille  Law Burdens, Fl
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.
Michele Fayare Lee Do Fayare Printed Name of the Person Filing

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