## K70113

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SEGRETARY OF STATE DIVISION OF CORPORATION

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: out of business, dissolution	n of corporation
DOCUMENT NUMBER: k70223	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
mary medina	
(Name of	Contact Person)
medina pizzeria & restaurant, inc.	
(Fir	m/Company)
618 13th street	
(A	Address)
saint cloud, florida 34769	
(City/Sta	ate and Zip Code)
For further information concerning this ma	atter, please call:
mary medina	at () <u>928-8791</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	unt:
\$35 Filing Fee \$\bigs\\$43.75 Filing Fee & Certificate of Status	<ul> <li>         ↓\$43.75 Filing Fee &amp; □\$52.50 Filing Fee,         Certified Copy         (Additional copy is enclosed)</li> <li>         ↓\$52.50 Filing Fee,         Certificate of Status &amp; Certified Copy         (Additional copy is enclosed)</li> </ul>
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section

**Division of Corporations** 

2661 Executive Center Circle

Clifton Building

## ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following article on:		
FIRST:	The name of the corporation as currently filed with the Florida Department of State  Medina Pizzeria & Restaurant, Inc.		
SECOND:	The document number of the corporation (if known): k70223		
THIRD:	The date dissolution was authorized: 12/01/09		
	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		
	1- mary medina, president		
	(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)		
	mary medina		
	(Typed or printed name of person signing)		
	president/director ,		
	(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. Medina Pizzeria & Restaurant, Inc. 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: went out of business Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) mary medina 3660 kissimmeepk rd saint cloud, florida 34772 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. mary medina 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