

L11000064592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

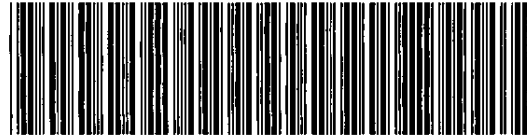
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



400239128074

09/21/12--01016--009 \*\*35.00

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12 DEC 13 PM 3:39

CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 14 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Artables Inc.  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Jason Edmonds  
(Name of Person)

(Firm/Company)

3750 Sheridan Ave  
(Address)

Miami Beach FL 33140  
(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Edmonds at (305) 397-4181  
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ 30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

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

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

The Artables Inc. LLC

2. The Articles of Organization were filed on 6-2-2011 and assigned document number

L11000064992

3. The date the dissolution was approved: 9-30-2012

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Business never commenced

**5. CHECK ONE:**

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

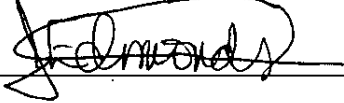
6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

**7. CHECK ONE:**

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature



Printed Name

Jason Edmonds



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 26, 2012

JASON EDMONDS  
3750 SHERIDAN AVENUE  
MIAMI BEACH, FL 33140

SUBJECT: THE ARTABLES LLC  
Ref. Number: L11000064592

We have received your document for THE ARTABLES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the effective date of the limited liability company's dissolution.

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) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 912A00028134

**FILED**

12 DEC 13 PM 3:39

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 24, 2012

E. EDMONDS  
THE ARTABLES LLC  
3750 SHERIDAN AVENUE  
MIAMI BEACH, FL 33140

SUBJECT: THE ARTABLES LLC  
Ref. Number: L11000064592

We have received your document for THE ARTABLES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 612A00023814

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12 DEC 13 PM 3:39  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA