

L11000125701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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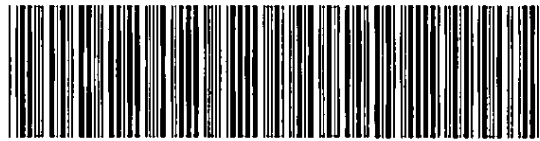
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/28/19--01031--027 **25.00

01/28/19 01:03:12
STATE OF NEW YORK
DEPT. OF STATE

Dissolution

FEB - 7 2019

D CUSHING

LAW OFFICE
FERNANDO M. GIACHINO, P.A.
3601 SE OCEAN BOULEVARD
SUITE 204
SEWALLS POINT, FLORIDA 34996

FERNANDO M. GIACHINO, J.D., LL.M.
BOARD CERTIFIED IN WILLS, TRUSTS, AND ESTATES

PHONE (772) 266-4184
FAX (772) 210-6942
www.giachinolaw.com

January 23, 2019

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Smart Voyages, LLC
Our File: 11-108.1

To Whom It May Concern:

Please find enclosed the Articles of Dissolution for Smart Voyages, Inc. together with our check in the amount of \$25.00 for the filing fee. Please return all correspondence concerning this matter to Fernando M. Giachino c/o Fernando M. Giachino, P.A., 3601 SE Ocean Blvd., Suite 204, Stuart, FL 34996 or contact our office at (772)266-4184.

Yours truly,

FERNANDO M. GIACHINO, P.A.



Fernando M. Giachino

FMG/cd
Enclosures

cc: Mr. Mehdi Tahiri (via email only mehdi.tahiri@smart-voyages.com)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smart Voyages, LLC
(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:

Fernando Giachino
(Name of Person)

Fernando M. Giachino, P.A.
(Firm/Company)

3601 SE Ocean Blvd., Suite 204
(Address)

Stuart, FL 34996
(City/State and Zip Code)

For further information concerning this matter, please call:

Fernando Giachino at (772) 266-4184
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
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

Smart Voyages, LLC

2. The Articles of Organization were filed on 11/03/2011 and assigned

document number L11000125701

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

A written consent by all Members of the LLC was signed instructing the filing of these Articles of Dissolution

after the decision was made to cease all business activities.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs: _____


Signature

Mehdi Tahiri

Printed Name

FILING FEE: \$25.00