

L17000139511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

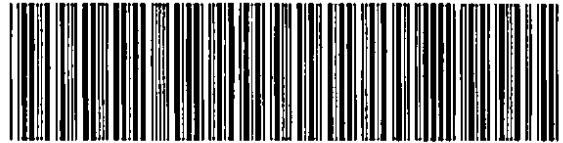
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/16/20--01012--022 **25.00

2020 MAR 16 PM 4:16

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And Diss

MAR 31 2020

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARTICHOKE MIAMI, 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:

DONALD SARCONI, CPA

(Name of Person)

Desantis, Kiefer, Shall and Sarcone LLP

(Firm/Company)

1675 Richmond Rd

(Address)

STATEN ISLAND, NY 10304

(City/State and Zip Code)

For further information concerning this matter, please call:

DONALD SARCONI, CPA

718

351-2233

at ()

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2020 MAR 16 PM 4:16
CLERK
TALLAHASSEE

1. The name of a limited liability company is
ARTICHOKE MIAMI, LLC

2. The Articles of Organization were filed on 6/27/2017 and assigned
document number L17000139511

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).
Business ceased - Unanimous vote of all members to dissolve.

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

Francis Garcia
108 Carmel Ct
Holmdel, N.J. 07733

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:

Francis Garcia

Signature

FRANCIS GARCIA

Printed Name

FILING FEE: \$25.00