m51823

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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diso of nactive Corps 07/26/07--01013--019 **43.75



PSR Shalor

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: close corporations		
DOCUMENT NUMBER: m51823		
The enclosed Articles of Dissolution and fee a	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
albert corey		
(Name of Cor	ntact Person)	
breezeway motel of Hialeah FI		
(Firm/C	ompany)	
1100 NIGHTINGALE AVE		
(Addr	ess)	
MIAMI SPRINGS FL 33166		
(City/State a	and Zip Code)	
For further information concerning this matter	, please call:	
ALBERT COREY	at (305) 823-9228	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
Certificate of Status	\$43.75 Filing Fee & \$\sum \$\$52.50 Filing Fee, Certified Copy Certificate of Status & Additional copy is enclosed) (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to of dissoluti	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on: The name of the corporation as currently filed with the Florida Department of States.		
FIRST:	The name of the corporation as currently filed with the Florida Department of State		
	BREEZWAY MOTEL OF HIALEAH, INC.		
SECOND:	The document number of the corporation (if known): M51823		
THIRD:	The date dissolution was authorized: MAY 1,2007		
	Effective date of dissolution <u>if applicable</u> : MAY 1,2007 (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 east 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		
	(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)		
	(Typed or printed name of person againg)		
	(Title 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	d when filing a voluntary dissolution.
Name of Corpor	ration:	
	tion will be the date the dissolution is filed with the De Articles of Dissolution.	epartment of State or as
Description of in	information that must be included in a claim:	
		·
Mailing address	s where claims can be sent: (Claims cannot be sent to t	the Division of Corporations)
	1100 NIGHTINGALE AVE	
	MIAMI SPRINGS FL 33166	
	t the above named corporation will be barred unless a partie the filing of this notice.	proceeding to enforce the claim is commenced
ALBERT O	COREY	~ 1 he
<u> </u>	Printed Name of the Person Filing	Signature of the Person Filing