M60784

(Re	equestor's Name)		
(Ac	ldress)		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section

Division of Corporations

PERLES, INC. SUBJECT: M60784 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **RONNI SUE GREEN** (Name of Contact Person) RONNI SUE GREEN, ATTORNEY AT LAW (Firm/Company) 9050 PINES BLVD., SUITE 359 (Address) PEMBROKE PINES, FL 33024 (City/State and Zip Code) For further information concerning this matter, please call: DAWN OR WILLA (Area Code) (Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: □ \$35 Filing Fee ■ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

ARTICLES OF DISSOLUTION



Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following arricles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: PERLES, INC.			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized: 5/8/15			
	Effective date of dissolution if applicable: 5/8/15 (no more than 90 days after dissolution	file date)		
	Note: If the date inserted in this block does not meet the applicable statutory filing requirement be listed as the document's effective date on the Department of State's records.		date will	
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast f was sufficient for approval.	or disso	olution	
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:	ıtitled		
	The number of votes cast for dissolution was sufficient for approval by			
		55 F	SECF TALL/	
	(voting group)	*	HAS	
		2 PM	25. 25. 27. 27. 27.	
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	Signature:	သ <u>ှ</u> မန	REATE PATE	
	(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 roustee, or other court appointed fiduciary, by that fiduciary)		·	
	VERONICA DRAKE MANGAN			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(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.

Name of Corporation: PERLES, INC. 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: DATED AND DETAILED INVOICE OR BILLING STATEMENT FROM CLAIMANT Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) RONNI SUE GREEN, ATTORNEY AT LAW 9050 PINES BLVD., SUITE 359 PEMBROKE PINES, FL 33024 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. Printed Name of the Person Filing