N0900000079

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
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(,
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SECRETARY OF STATE
TALLAHASSEE FLORING

\$ 400° 2/230h

COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: SABINO & ASSOCIATES, INC.	
DOCUMENT NUMBER: N0900002079	
The enclosed Articles of Dissolution and fee are submitted	d for filing.
Please return all correspondence concerning this matter to	the following:
Roberta Guedes	
(Name of Contact Person))
Sabino & Associates, inc.	
(Firm/Company)	
300 E. Madison St., Ste 223	
(Address)	_
Tampa, FL 33602	
(City/State and Zip Code	e)
For further information concerning this matter, please call:	
	<u></u>
(Name of Contact Person) (Are:	a Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\sum \$43.75 Filing Fee & \$\sum \$43.75 Filing Certified Cop (Additional control enclosed)	certificate of Status &
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 section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	SAMINO & ASSOCIATES INC.		
SECOND:	The document number of the corporation (if known): N0900002079		
THIRD:	The file date of the articles of incorporation: $03/03/2009$))	
FOURTH	The corporation has not commenced to conduct its affairs.	;	
FIFTH:	The corporation has not commenced to conduct its affairs. No debts of the corporation remains unpaid. Adoption of Dissolution (CHECK ONE)	ָ ֓֞֞֞֞֜֓֞֞֓֓֓֓֞֜֝֓֓֓֞֝֓֡֓֓֡֓֡֓֡֓֡֓֓֡֓֡֓֡֓֡֓֡֡֡֡֓֡֓֡֡֡֓֡֓֡֡֡֡֓֡֡֡֡	
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)	: (•	
	The dissolution was authorized by a majority of the directors: OR	•	
	☐ The dissolution was authorized by an incorporator.		
	☐ The dissolution was authorized by a majority of the incorporators.		
Signature: Guesta Gues			
	(Typed or printed name of person signing)		
	(Title of person signing)		

Filing Fee: \$35