

N10000005281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700188419197

12/09/10--01008--010 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 DEC -9 PM 1:25

Art Diss
@ 12/13/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARCO IRIS DE ILUSIONES CORPORATION

DOCUMENT NUMBER: N10000005281

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAILA FERNANDEZ

(Name of Contact Person)

ARCO IRIS DE ILUSIONES CORPORATION

(Firm/Company)

6240 CONTESSA DR APT 102

(Address)

ORLANDO FL 32829

(City/State and Zip Code)

For further information concerning this matter, please call:

Laila Fernandez

(Name of Contact Person)

at (321) 277 2649

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(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

*FLORIDA DEPARTMENT
OF STATE*

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:

ARCO IRIS DE ILUSIONES CORPORATION

SECOND: The document number of the corporation (if known): N10000005281

THIRD: The file date of the articles of incorporation: 05/28/2010

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

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: _____

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

LAILA FERNANDEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 DEC -9 PM 1:29