NII 000007585

(Re	equestor's Name)	
(Ac	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STAIL JIVISION OF CORFORATION

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C LEWIS



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2016

JOSE SUAREZ / WESTON 95 96 PREMIER CORP 12851 SW 42 ST #105 MIAMI, FL 33175 US

SUBJECT: WESTON 95/96 PREMIER CORP

Ref. Number: N11000007585

We have received your document for WESTON 95/96 PREMIER CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 816A00021800

COVER LETTER

Division of Corporations
SUBJECT: Weston 95 96 Premier Corp
DOCUMENT NUMBER: 11 00000 7585
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sose Suarez
Westm 95 96 Premier Corp
(Firm/Company)
12851 Sw 42 cheet \$105
(Firm/Company) 12851 SW 42 Sheef \$105 (Address) (Address) (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Toje Suarus at (305) 207-6511 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee U \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

TO: Amendment Section

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 617.1403, 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:		
	Weston 95 96 Frenker Corp.		
SECOND:	The document number of the corporation (if known): NII 00000 7585		
THIRD:	The name of the corporation as currently filed with the Florida Department of State: Weston 95 96 Frencher Corp. The document number of the corporation (if known): N 11 00000 7585 Adoption of Dissolution (COMPLETE SECTION 1 OR II)		
	SECTION I If the corporation has members entitled to vote: (CHECK/COMPLETE ONE)		
	(CHECK/COMPLETE ONE) The date, of meeting of members at which the resolution to dissolve was adopted		
	approval. The number of votes cast by the members was sufficient for		
	☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.		
	SECTION II If the corporation has no members or members entitled to vote on the dissolution:		
	The corporation has no members or members entitled to vote on the dissolution.		
	The date of adoption of the resolution by the board of directors was $\frac{12 + 31 + 15}{21 + 15}$.		
	The number of directors in office was and the vote for resolution was for and against. (Must be a majority vote)		
FOURTH	Effective date of dissolution, if applicable: (no more than 90 days after dissolution file date)		
	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.		
	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)		
	Jose Suarez		
	(Typed or printed name of person signing)		
	(Title of berson 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. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.