

N120000009426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

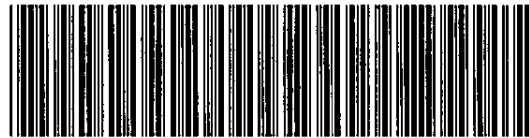
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100253227191

10/31/13--01031--015 \*\*43.75

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 DEC 26 PM 4:08

*Dissolution*

DEC 26 2013

T. CARTER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2013

SHAHARAZADE DECORDAY  
THE PEOPLES ENTRUSTMENT AVANT GARDE, INC  
6885 BYRON AVENUE, #204  
MIAMI BEACH, FL 33141 US

SUBJECT: THE PEOPLES ENTRUSTMENT AVANT GARDE, INC.  
Ref. Number: N12000009426

We have received your document for THE PEOPLES ENTRUSTMENT AVANT GARDE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete only one section in the Third Article of Dissolution. Either Section I or Section II must be completed not both.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tina D Carter  
Regulatory Specialist

Letter Number: 113A00025722

TO: Tina Carter

pg. 102

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: N12000009426

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

Please return all correspondence concerning this matter to the following:

Shaharazade DeCorday

(Name of Contact Person)

The Peoples Entrustment Avant Garde, Inc

(Firm/Company)

6885 Byron Avenue #204

(Address)

Miami Beach FL 33141

(City/State and Zip Code)

For further information concerning this matter, please call:

Shaharazade DeCorday at 305 764-0767

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☒ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$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

850 245-6050

8-51  
TINA

Tina Carpe  
TO: A

pg 2 of 2

## 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:  
**The Peoples Entrustment Avant Garde, Inc**

SECOND: The document number of the corporation (if known): **N12000009426**

THIRD: Adoption of Dissolution  
**(COMPLETE SECTION I OR II)**

### SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☐ The date of meeting of members at which the resolution to dissolve was adopted

\_\_\_\_\_. The number of votes cast by the members was sufficient for approval.

☐ 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 **DECEMBER 6, 2013**

The number of directors in office was **1** and the vote for resolution was **1** for and **0** against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: **December 6, 2013**  
(no more than 90 days after dissolution file date)

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)

**Shaharazade DeCorday**

(Typed or printed name of person signing)

**President**

(Title of person signing)

Filing Fee: \$35

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 DEC 26 PM 4:08