

N130000010741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

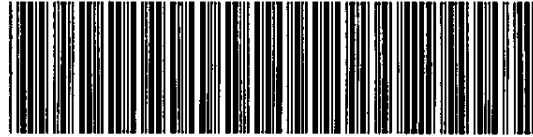
(Document Number)

Certified Copies _____

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02/04/14--01020--009 **43.75

APPROVED
AND
FILED
14 FEB -4 PM 2:50
SECRETARY OF STATE

C. LEWIS
FEB 10 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF A CORPORATION

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

HORACIO GUADARRAMA
(Name of Contact Person)

RETURN OF THE HOLY HOLIDAYS INC.
(Firm/Company)

7950 NWRD ST. STE 337
(Address)

MIAMI, FL 33166
(City/State and Zip Code)

For further information concerning this matter, please call:

HORACIO GUADARRAMA at (323) 4237883
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input 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

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:

RETURN OF THE HOLY HOLIDAYS INC.

SECOND: The document number of the corporation (if known): N13000010741

THIRD: The file date of the articles of incorporation: 12-06-2013

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.

APPROVED
FEB 14 2014
14 FEB -4 PM 2:50
SECRETARY OF STATE

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)

HORACIO GUANABAZA
(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. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: RETURN OF THE HOLY HOLIDAYS 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:

THE CORPORATION HAVE BEEN DISSOLVED BECAUSE OF THE
COMPLICATIONS WE'VE HAD TO OPEN BANK ACCOUNTS IN ORDER
TO BRING LEGAL AND TRANSPARENT OPERATION

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

7950 NW 53RD ST. STE 337
MIAMI, FL 33166

14 FEB -4 PM 2:50
SECRETARY OF STATE
FILED

APPROVED
FND

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.

Horacio Guareda
Printed Name of the Person Filing

[Signature]
Signature of the Person Filing