N15000002747

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(Add	dress)	
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(City	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Eiling Officer	
Special instructions to	rining Officer.	

Office Use Only



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MAN TO SUR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wiotta, Cocp.
DOCUMENT NUMBER: <u>N15000062747</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Margie Richards (Name of Contact Person)
(Name of Contact Person)
(Firm/Company)
1226 Palama Way (Address)
(Address)
Lantana, FL 33462
(City/State and Zip Code)
For further information concerning this matter, please call:
Margic Rubards at (561) 719-2969 (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\to\$ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee \$\to\$ \$

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

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	ARTICLES OF DISSOLUTION	
Pursuant to Articles of I	section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Dissolution:	
FIRST:	The name of the corporation as currently filed with the Florida Department of State: WIOTTA CORP	
SECOND:	The document number of the corporation (if known): N15000002747	
THIRD:	The file date of the articles of incorporation: 3/17/15	
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)		
	Margie Richards (Typed or printed name of person signing)	
	Tresident (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.

Name of Corporation: WIOTTA CORP

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.

Margic Richard Mugaet Richards

Printed Name of the Person Filing Signature of the Person Filing