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(Requestor	's Name)
(Address)	
(Address)	
,	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(=11111111	,
(Documen	t Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

*Midbleton Circle

SUBJECT: <u>Di SSOL</u>	Noite	of C	gray	<u>Oration</u>
DOCUMENT NUMBER:	N1500	000	562	ط.

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

Please return all correspondence concerning this matter to the following:

Marlen Fernandiz
(Name of Contact Person)
Marcas Personal Development
2891 Middleton Circle
(Address)
Missimmee, FL 34743
(City/State and Zip Code)
For further information concerning this matter, please call:
Maylen Fernandez at (H07) 729-1629 (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & 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 617.1403, 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: <u>rsonal Development, Corp.</u> The document number of the corporation (if known): N15000005626 SECOND: 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 10-30The number of directors in office was ____ and the vote for resolution was and _____ against. (Must be a majority vote) Effective date of dissolution, if applicable: **FOURTH** (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 chairfan 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)

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.

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



Detail by Document Number

Florida Not For Profit Corporation

MARÇAS PERSONAL DEVELOPMENT, CORP.

Filing Information

Document Number FEI/EIN Number Date Filed

State

Status

N15000005626 47-4242600 05/15/2015 FL

ACTIVE

Principal Address

3216 OWASSA CR. KISSIMMEE, FL 34746

Mailing Address

3216 Owassa Court Kissimmee, FL 34746

Changed: 03/22/2016

Registered Agent Name & Address

FERNANDEZ, MARLEN 3216 OWASSA CR. KISSIMMEE, FL 34746

Officer/Director Detail

Name & Address

Title P

FERNANDEZ, MARLEN 3216 OWASSA CR. KISSIMMEE, FL 34746

Title T

PENA, YENNY 3216 OWASSA CR. KISSIMMEE, FL 34746

Title S

ARGUELLO, MARIA