116 000006835

(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



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05/15/23--01029--030 **43.75

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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Dissolution Do	w/ 0000 Suspected activ	ity
DOCUMENT NUMBER: # 11600	0006835	J
The enclosed Articles of Dissolution and fee	are submitted for filing.	
Please return all correspondence concerning the	his matter to the following:	
Stephen McFarlan	Contact Person)	
PIECES OF	MF INC.	
(Firm	/Company)	26
515 lagura Mill Dris	ve	
0 V = 0 (Ac)	ddress)	7.1
PUSKIN T.L. 350 10 (City/State	and Zip Code)	
For further information concerning this matter	r, please call:	: : :
Stopher or Maria McFarlant (Name of Contact Person)	$\frac{2}{2}$ at $\frac{813}{(\text{Area Code})}$ $\frac{502-9854}{(\text{Daytime Telephone Nu})}$	mber)
Enclosed is a check for the following amount	:	
Certificate of Status Cert	3.75 Filing Fee & Status & Certified Copy (Additional copy is enclosed)	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	3

Tallahassee, FL 32303

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 disso	lution.
Name of Corporation: PIECES OF Me, INC	
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified Articles of Dissolution.	d in the
Description of information that must be included in a claim:	
I Stephen McFarlage 15 requesting Dissolut From Pieces of me "INC, Do to Some Sus;	ion Deated
activity	
	:
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	5.
515 Igguna Mill Drive Ruskin F.L. 33570	
A claim against the above named corporation will be barred unless a proceeding to enforce the claiwithin 4 years after the filing of this notice.	im is commenced
x Stadon McFarkne xSM6=2	whe
Printed Name of the Person Filing Signature of the Person Fil	ling

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:
	Piaces of Me., INC
SECOND:	The document number of the corporation (if known): # N 16 0000 6835
THIRD:	The file date of the articles of incorporation: 5/11/2023
FOURTH	The corporation has not commenced to conduct its affairs.
FIFTH:	No debts of the corporation remains unpaid.
SIXTH:	No debts of the corporation remains unpaid. 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.
Signa selected, by a	(By the chairman or vice chairman of the board, president or other officer- if directors have not been in incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) Standard (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35