

N1700000 4210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

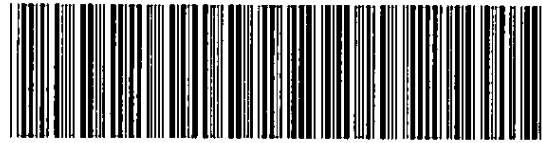
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Remove notice of corp dissolution  
Per Susel Rans on 11/9/20

SD

Office Use Only



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06/22/20--01029--012 \*\*35.00

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V/D



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 10, 2020

SUSEL RAMOS  
SOURIRE REALISE, CO.  
933 DIPLOMAT PKWY E  
CAPE CORAL, FL 33909

SUBJECT: SOURIRE REALISE, CO.  
Ref. Number: N17000004210

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

FOR THE NOTICE OF CORPORATE DISSOLUTION, A DESCRIPTION OF A CLAIM IS REQUIRED, OTHERWISE THIS FORM IS OPTIONAL AND NOT REQUIRED TO BE FILED.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 920A00014997

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolving a business

**DOCUMENT NUMBER:** N17000004210

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

Please return all correspondence concerning this matter to the following:

Susel Ramos  
(Name of Contact Person)  
Sourire Realise, CO.  
(Firm/Company)  
933 Diplomat Pkwy E  
(Address)  
Cape Coral, FL 33909  
(City State and Zip Code)

For further information concerning this matter, please call:

Susel Ramos at (239) 214-1461  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certificate of  
Certificate of Status Certified Copy Status & Certified Copy  
(Additional copy is enclosed) (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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## 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:

Sourire Realise, Co.

SECOND: The document number of the corporation (if known): NI7000004210

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

04/16/2020. 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 \_\_\_\_\_.

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

FOURTH Effective date of dissolution, if applicable: 04/16/2020  
(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: Susel Ramos  
(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)

Susel Ramos

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

2020 NOV -9 AM 9:56

## ARTICLES OF DISSOLUTION

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Sourire Realise, Co.

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(COMPLETE SECTION I OR II)

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☒ (CHECK COMPLETE ONE)

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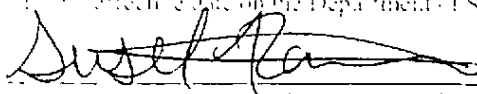
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FOURTH: Effective date of dissolution, if applicable: 04/16/2020

(no more than 90 days after dissolution filing)

Note: If the corporation has stock, does not meet the applicable statutory requirements for dissolution, or if the corporation has a contract with a term, the effective date on the Department of State's records.

Signature: \_\_\_\_\_



Susel Ramos

President