

PO0000009975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

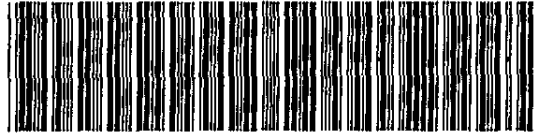
(Business Entity Name)

(Document Number)

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

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05 AUG 18 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Dis  
inact

Robert Prainito  
2900 W. Sample Road K5135/K4129  
Pompano Beach, FL 33073  
TELEPHONE: (954) 984-5064

5-18-05

Corporate Records Bureau  
Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

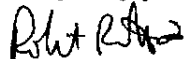
Re: Dissolution of NITO ACCESSORIES, INC.

Dear Sir:

Enclosed is an original and a copy of the Articles of Dissolution for the above corporation.

Also enclosed is a check payable to the Secretary of State in the amount of \$43.75 representing a \$35.00 filing fee for the Articles of Dissolution, and \$8.75 for a Certificate of Status.

Very truly yours,



Robert Prainito

enc.

## ARTICLES OF DISSOLUTION

Pursuant to 607.1403, Florida Statutes, this corporation submits the following articles of dissolution:

- FIRST: The name of the corporation is NITO ACCESSORIES, INC.  
Corporate number: P00000009975
- SECOND: The articles of incorporation were filed on 01-24-00.
- THIRD: The date dissolution was authorized was 5-18-05.
- FORTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- FIFTH: The corporation has no intention of revoking this voluntary dissolution and its name is available for immediate use by any other corporation.

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Signed this 5-18-05.



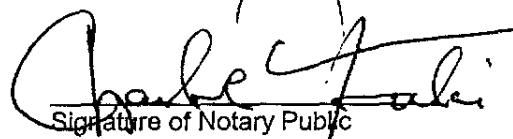
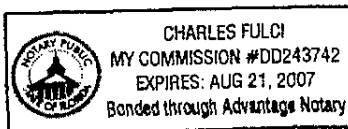
FURTHER AFFIANT SAYETH NAUGHT.

AFFIANT/ROBERT PRANITO, President/Chairman of the Board

The foregoing instrument was acknowledged before me this 16 day of August, 2005, by Robert, who personally appeared, and known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person[s]: DRIVERS LICENSE OF  
D653-767-76-249-0.

Witness my hand and seal at said county and state this 16 day of August, 2005

My commission expires



Signature of Notary Public

Charles Fulci  
Printed Name