## P00000035781

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SECRETARY OF STATE

Office Use Only

Dissolution w/Not

**T BROWN** FEB 1 5 2005

## TRANSMITTAL LETTER

**TO:** Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Division of Corporations		
SUBJECT: Dissolution of For Profit Florida Cor	poration	
DOCUMENT NUMBER:	<del></del>	-
The enclosed Articles of Dissolution and fee	are submitted for filing.	
Please return all correspondence concerning the	his matter to the following:	
Kimberly C. Travaglino		
(Name of Pe	rson)	
Pink Belly, Inc.		
(Name of Fir	rm/Company)	.:
4005-Village Drive, Unit B P.O. Box 2	27	
Tools Finding Street, Office 1, D. Est St.	- 3フ Address)	
Delray Beach, FL 33445 Meshanic Stat	<u> 1997 10) 0395 まー02 3 1</u> te/and Zip Code)	
	• ,	
For further information concerning this matter	r, please call:	
Kimberly Travaglino	at ( 561 ) 376-5990  (Area Code & Daytime Telephone N	
(Name of Person)	(Area Code & Daytime Telephone N	Number)
Enclosed is a check for the following amount:	:	
☑ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐		
	Certified Copy Certificate of Sta (Additional copy is Certified Copy	atus &
·	enclosed) (Additional copy	y is
	enclosed)	
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section	
Amendment Section	Amendment Section	

Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

## ARTICLES OF DISSOLUTION

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

FIRST:	The name of the co	The name of the corporation as currently filed with the Department of State:		
	Pink Belly, Inc.			0
SECOND:	The document num	nber of the corporation (if know	wn): P00000035781	A STATE OF THE STA
THIRD:	The date dissolution	on was authorized: 12/31/2004		25 5 5 55 7 5
	Effective date of d	issolution <u>if applicable:</u> 12/31/2 (no mo	2004 ore than 90 days after dissolution file da	E. E. S. E.
FOURTH:	Adoption of Disso	lution (CHECK ONE)		DA.
	<ul><li>Dissolution was was sufficient</li></ul>	s approved by the shareholders for approval.	s. The number of votes cast fo	r dissolution
	☐ Dissolution wa	s approved by of the sharehold	lers through voting groups.	
		statement must be separately properties on the plan to dissolve:	rovided for each voting group	entitled to
	The number of	votes cast for dissolution was	sufficient for approval by	
	Single / Sole S	Shareholder - Kimberly Travaglino		
		(voting group)		· · · · · ·
	Signed this 4th	day of February	, 2005	
	(V)	hun M	-	- · · · · · · · · · · · · · · · · · · ·
Signat	(By a director, preside	ent or other officer - if directors or officer acciver, trustee, or other court appointed f	rs have not been selected, by an incorp	orator -
	Kimberly	C. Travaglino		
		(Typed or printed name of person s	signing)	Çr — M
	CEO, Pre	sident		
		(Title of person signing)		مصارد ۱۰ م د

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. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corpo	oration; Kimberly C. Travaglino		-÷
	ation will be the date the dissolution is filed with the Department of State or as a Articles of Dissolution.	·	
Description of	information that must be included in a claim:		
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	- 보고 하는 사람들은 사람들이 되었다		1 47
	Kimberly Travaglino	2 04111	ें पर
	PO Box 237		
	Neshanic Station, NJ 08853	• .	. T
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		*	<u>.</u>
	at the above named corporation will be barred unless a proceeding to enforce the claim within 4 years after the filing of this notice.		
Kimberly C. Tra	\\ <u>\\\</u>	<u> </u>	- 
F	Printed Name of the Person Filing  Signature of the Person Filing		

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00