P00000045066

(Re	questor's Name)	·
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
ayest		

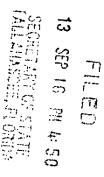




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07/11/13--01009--002 **25.00

09/17/13--01003--003 **10:00 ↔ क्



VOI. DISS 9/16/13



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 26, 2013

MARINA KESSLER 16300 NE 19TH AVE., STE. A NORTH MIAMI BEACH, FL 33162 US

SUBJECT: LATINARTE.COM, INC. Ref. Number: P00000045066

We have received your document for LATINARTE.COM, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted articles of dissolution for a limited liability company. The above listed entity is a profit corporation and the articles of dissolution must comply with either section 607.1401 or 607.1403, Florida Statutes.

Blank forms are enclosed for your convenience. Please complete and submit

The fee to file the articles of dissolution for a corporation is \$35.00. Therefore, there is a balance due of \$10.00.

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.

Michelle Milligan Regulatory Specialist II Supervisor

Letter Number: 113A00018077

Thous you !

COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: DISSOUTION
DOCUMENT NUMBER:
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
(Firm/Company)
3301 NE 1830N ST PH9
3301 NE 183RD ST PH9 (Address)
AVENTURS FL 33160 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
MARINA (SSEC) at (305) 32) 006 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

FILED

ARTICLES OF DISSOLUTION

13 SEP 16 PN 4:50

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following SEE, FLORIDA articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	LATINAPTE. COT INC
SECOND:	The document number of the corporation (if known): P0000045066
THIRD:	The file date of the articles of incorporation: $02/07/2013$
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
,	☐ The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
	·
Sign	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
	(Typed or printed name of person signing)
	(Title of Person Signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims

Name of Corporation:	LOTINARTE.C	11 Ma	IC		
Date of dissolution will be specified in the Articles of		ion is filed v	with the Depart	tment of State or as	1
Description of information	that must be include	ed in a claim	:		
					
Mailing address where cla	ims can be sent: (Cla	ims cannot l	be sent to the [Division of Corpora	ntions)
Mailing address where cla	·	ims cannot l	be sent to the [Division of Corpora	utions)
Mailing address where cla	·	SSUEJZ_		· ·	
Mailing address where cla	TORINA KE	SSUEIL Bed St	PH9	· ·	
Mailing address where cla	TORINA KE 3301 NE 183	SSUEIL Bed St	PH9		
Mailing address where cla	TORINA KE 3301 NE 183 AVENTURA FL named corporation w	SSUEJZ Bed St 33460	PH9		
A claim against the above	TORINA KE 3301 NE 183 AVENTURA FL named corporation w	SSUEJZ Bed St 33460	PH9		

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