

P00000052475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

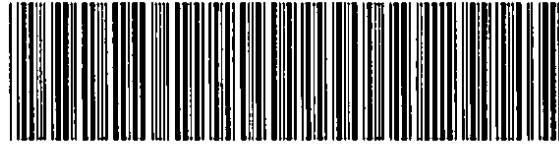
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2018 FEB -5 AM EST 16

FEB 06 2018
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COVER LETTER

2018 FEB -5 AM 8:16

TO: Amendment Section
Division of Corporations

SUBJECT: S VENTURES, INC.

DOCUMENT NUMBER: P00000052475

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

Please return all correspondence concerning this matter to the following:

Frances DeVivo, Personal Representative for the Estate of Sarita Cicogna

(Name of Contact Person)

(Firm/Company)

770 High Point Blvd. N., Apt. D

(Address)

Delray Beach, FL 33445

(City/State and Zip Code)

For further information concerning this matter, please call:

Frances DeVivo, Personal Representative

at (561) 276-1080

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation as currently filed with the Florida Department of State:
S VENTURES, INC

SECOND: The document number of the corporation (if known): P00000052475

THIRD: The file date of the articles of incorporation: May 31, 2000(?)

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.

*There is no incorporator or director living.
I, Frances DeVivo as Personal Representative of Sarita
Cicogna Estate, am Dissolving this corporation. She
was the only officer & Director.*

Signature: _____

Frances DeVivo Personal Representative
(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.)

Frances DeVivo, Personal Representative

(Typed or printed name of person signing)

Frances DeVivo, Personal Representative of the Estate of Sarita Cicogna

(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 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 Corporation: S VENTURES, INC

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Officer of the corporation is deceased as of January 10, 2017 and there are not other officers. Sarita Cicogna was on officer(s) of this corporation. Frances DeVivo is the Personal Representative of the Estate of Sarita Cicogna Copy of Letter of Administration and copy of Death Certificate is attached.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Frances DeVivo, Personal Representative

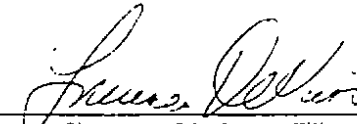
770 High Point Blvd. N., Apt. D

Delray Beach, FL 33445

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Frances DeVivo, Personal Representative

Printed Name of the Person Filing


Signature of the Person Filing
Personal Representative

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

IN THE CIRCUIT COURT FOR
PALM BEACH COUNTY, FLORIDA
PROBATE DIVISION

IN RE: ESTATE OF

SARITA CICOGNA
Deceased

File Number 50-2017-CP-001964-XXXX-SB

Division IY

LETTERS OF ADMINISTRATION
(Single Personal Representative)

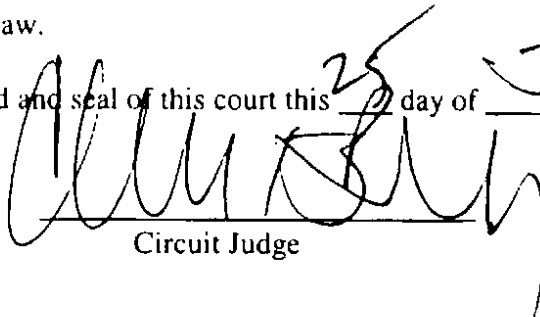
TO ALL WHOM IT MAY CONCERN

WHEREAS, SARITA CICOGNA, a resident of Palm Beach County died on January 10, 2017, owning assets in the State of Florida, and

WHEREAS, FRANCES DEVIVO has been appointed Personal Representative of the Estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the Estate,

NOW, THEREFORE, I, the undersigned Circuit Judge, declare FRANCES DEVIVO to be duly qualified under the laws of the State of Florida to act as Personal Representative of the Estate of SARITA CICOGNA, deceased, with full power to administer the Estate according to law; to ask, demand, sue for, sell real property, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the Estate will permit and law directs; and to make distribution of the Estate according to law.

WITNESS my hand and seal of this court this 25 day of January 2018.


Circuit Judge

2018 JAN 25 AM 9:52

PALM BEACH COUNTY, FL
SOUTH CITY PROBATE CLERK



STATE OF FLORIDA • PALM BEACH COUNTY

I hereby certify that the foregoing is a true
copy as recorded in my office and the
same is in full force and effect.

THIS 25 DAY OF Jan, 2018

SHARON R. BOCK
CLERK & COMPTROLLER

By 
DEPUTY CLERK

IN THE CIRCUIT COURT FOR
PALM BEACH COUNTY, FLORIDA
PROBATE DIVISION

IN RE: ESTATE OF

SARITA CICOGNA
Deceased

File Number 50-2017-CP-001964-XXXX-SB

Division IY

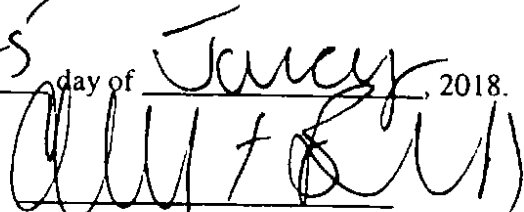
ORDER ADMITTING WILL TO PROBATE
AND APPOINTING PERSONAL REPRESENTATIVE

The instrument presented to this Court as the Last Will and Testament of SARITA CICOGNA, deceased, having been established by the oath of JOYCE BOWEN, a subscribing and attesting witness, as being the Last Will and Testament of the decedent, and no objection having been made to its probate, and the court finding that decedent died on January 10, 2017, it is

ADJUDGED that the Last Will and Testament bearing date January 31, 2011, and attested by JOYCE BOWEN and JAMES BOWEN as subscribing and attesting witnesses, is admitted to probate according to law as and for the Last Will and Testament of the decedent.

ADJUDGED that FRANCES DEVIVO is appointed Personal Representative of the Estate of the decedent, and that upon taking the prescribed oath, filing designation of resident agent and acceptance, and entering bond, if any, in the sum of \$, Letters of Administration shall be issued.

ORDERED THIS 25 day of January, 2018.


Circuit Judge

2018 JAN 25 AM 9:52

FILED
PALM BEACH COUNTY CLERK
SOUTH CITY BRANCH FILED

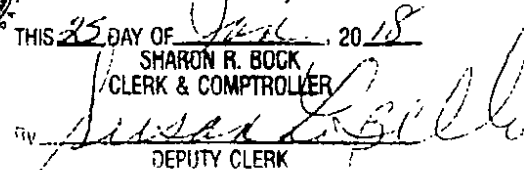


STATE OF FLORIDA - PALM BEACH COUNTY

I hereby certify that the
foregoing is a true copy
of the record in my office.

THIS 25 DAY OF Jan, 2018

SHARON R. BOCK
CLERK & COMPTROLLER


DEPUTY CLERK

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2017012786

DATE ISSUED: January 31, 2017

DECEDENT INFORMATION

STATE FILE DATE: January 27, 2017

NAME: SARITA CICOONA

DATE OF DEATH: January 10, 2017

SEX: FEMALE

AGE: 074 YEARS

DATE OF BIRTH: July 3, 1942

SSN: 267-58-1753

BIRTHPLACE: ELIZABETH, NEW JERSEY, UNITED STATES

PLACE WHERE DEATH OCCURRED: HOSPICE

FACILITY NAME OR STREET ADDRESS: HOSPICE OF PALM BEACH COUNTY

LOCATION OF DEATH: DELRAY BEACH, PALM BEACH COUNTY, 33484

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE NAME: NONE

RESIDENCE: 630 HIGH POINT BLVD NORTH APT NO. B, DELRAY BEACH, FLORIDA 33445, UNITED STATES

COUNTY: PALM BEACH

OCCUPATION, INDUSTRY: SALESPERSON, FUNERAL SERVICES

RACE: ☒ White ☐ Black or African American ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Native Hawaiian☐ American Indian or Alaskan Native--Tribe:☐ Japanese☐ Korean☐ Vietnamese☐ Guamanian or Chamorro☐ Samoan☐ Other Pacific Isl:☐ Other Asian:☐ Other:☐ Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER/PARENT: SAUL ROSENBLATT

MOTHER/PARENT: ROSE KRASNOU

INFORMANT: FRANCES DE VIVO

RELATIONSHIP TO DECEDENT: FRIEND

INFORMANT'S ADDRESS: 770 HIGH POINT BLVD NORTH APT NO. D, DELRAY BEACH, FLORIDA 33445, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: GOLD COAST CREMATORY
FORT LAUDERDALE, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: ALEXIS GARCIA, F026901

FUNERAL FACILITY: NEPTUNE SOCIETY-POMPANO BEACH F064804
3404 N ANDREWS AVE, POMPANO BEACH, FLORIDA 33064

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 1610

DATE CERTIFIED: January 13, 2017

CERTIFIER'S NAME: RICHARD LEE TEITZMAN

CERTIFIER'S LICENSE NUMBER: OS11009

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT ENTERED



, State Registrar

REQ: 2017783091

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.



DH FORM 1948 (03-13)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED