(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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## **COVER LETTER**

<b>TO:</b> Amendment Section Division of Corporations	
SUBJECT: HEAVEN'S DECORATION, IN	1 <u>C</u>
DOCUMENT NUMBER: P00000107921	
The enclosed Articles of Dissolution and fee are submitted	for filing.
Please return all correspondence concerning this matter to the	ne following:
JAIRO GOMEZ (Name of Contact Person)	
(Firm/Company)	
5340 MILLENIA BLVD, AP	T 12209
(Address)	
ORUANDO, FL 32839 (City/State and Zip Code)	)
For further information concerning this matter, please call:	
JAIRO GOMEZ at (407 (Name of Contact Person) (Area	902-9357 Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigs\\$43.75 Filing Fee \$\bigs\\$\text{\$\$\text{\$\}\$}}\$}\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\e	y Certificate of Status &
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 607.1403, Florida Statutes, this Florida profit corporation subthas he following articles of dissolution:

SECRET.

SECRET. The name of the corporation as currently filed with the Florida Department of States FIRST: HEANEN'S The document number of the corporation (if known): POODO 10792 SECOND: The date dissolution was authorized: \_\_\_ THIRD: Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) FOURTH: Adoption of Dissolution (CHECK ONE) Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. Dissolution was approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: The number of votes cast for dissolution was sufficient for approval by (voting group) Signature: (By a director, president of other officers 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)

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: HEAVENS DECORPTION 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: NAME, ADDRESS PHONE NUMBER, CONTACT PERSON, DATE, OF CLAIM, EXPLANATION OF CHARGES Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

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