## P00000109668

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations SUBJECT: Articles of Dissolution DOCUMENT NUMBER: P00000109668 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PATRICIA PICCIOTTO (Name of Contact Person) RIPSONS, INC. (Firm/Company) C/0 3801 N.E. 207TH STREET, #402 (Address) AVENTURA, FL. 33180 (City/State and Zip Code) For further information concerning this matter, please call: PATRICIA PICCIOTTO (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee, Certified Copy' Certificate of Status & Certificate of Status (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## 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 corporation as currently filed with the Florida Department of State:
	RIPSONS INC.
SECOND:	The document number of the corporation (if known): P00000109668
THIRD:	The date dissolution was authorized: 12/31/07
	Effective date of dissolution if applicable: 12/31/07  (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 approvation &
	(voting group)  (voting group)  REF FLORIDA  OF STATE  O
S	Gignature:  (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)
	PATRICIA PICCIOTTO
·	(Typed or printed name of person signing)
	PRESIDENT DIRECTOR.
•	(Title of person signing)

Filing Fee: \$35