

PD10000006289

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(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 22 PM 12:40

EFFECTIVE DATE

12/31/2014

AKT DISS
@ 12/30/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LoPressionism Inc.

DOCUMENT NUMBER: P01000006289

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

Please return all correspondence concerning this matter to the following:

Angela L. LoPresti

(Name of Contact Person)

LoPressionsim Inc.

(Firm/Company)

6014 Serene Place

(Address)

West Melbourne, FL 32904

(City/State and Zip Code)

For further information concerning this matter, please call:

Angela L. LoPresti

(Name of Contact Person)

at (321) 750-3784

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

EFFECTIVE DATE
12/31/2014

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:
LoPressionism Inc.

SECOND: The document number of the corporation (if known): P01000006289

THIRD: The date dissolution was authorized: December 3 , 2014

Effective date of dissolution if applicable: December 31, 2014

(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

Shareholders

(voting group)

Signature: Angela L. LoPresti
(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)

Angela L. LoPresti

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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