

PO1000071493

(Requestor's Name)

Jean K. Meola
5686 Eichen Circle East
Fort Myers, Florida 33919

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

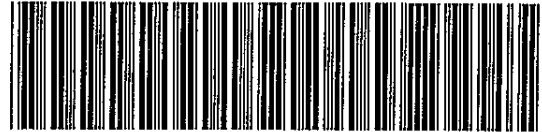
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/29/03--01016--009 **\$2.50

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03 DEC 29 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. Coulllette JAN 07 2004

**JEAN K. MEOLA
PARALEGAL-NOTARY PUBLIC
5666 EICHEN CIRCLE EAST
FORT MYERS, FLORIDA 33919
(239) 437-4599**

December 24, 2003

**AMENDMENT SECTION
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314**

**Re: Articles of Dissolution
Contessa Fabrics, Inc.**

Gentlemen:

Enclosed please an original and one copy of the Articles of Dissolution of the above corporation, together with my check to your order in the sum of \$52.50, representing the filing fee, Certificate of Status fee and Certified Copy of the Articles of Dissolution.

As a paralegal in the employ of Contessa Fabrics, Inc., I am submitting these documents on its behalf.

Thank you for your prompt attention to this matter.

Very truly yours,


**JEAN K. MEOLA
Paralegal**

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CONTESSA FABRICS, INC.

DOCUMENT NUMBER: PO1000071493

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

Please return all correspondence concerning this matter to the following:

KIMBERLY A. MOORE
(Name of Person)

CONTESSA FABRICS, INC.
(Name of Firm/Company)

14520 SUMMERLIN TRACE CT.
(Address)

FT. MYERS, FL 33919
(City/State/and Zip Code)

For further information concerning this matter, please call:

KIMBERLY A. MOORE at (239) 980-7541
(Name of 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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:

CONTESSA FABRICS, INC.

SECOND: The document number of the corporation (if known): P01000071493

THIRD: The file date of the articles of incorporation was: 7/20/2001

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.

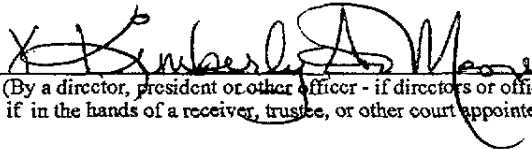
SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 24th day of DECEMBER, 2003

Signature: 

(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.)

KIMBERLY A. MOORE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
03 DEC 29 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: CONTESSA FABRICS, 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:

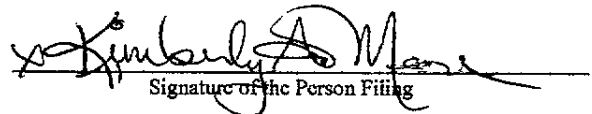
VENDORS - PURCHASE DATES, INVOICE NOS + AMOUNTS
CLIENTS - SERVICE RENDERED & DATES THEREOF.

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

KIMBERLY A. MOORE
14520 SUMMERLIN TRACE CT.
FT. MYERS, FL 33919

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.

KIMBERLY A. MOORE
Printed Name of the Person Filing


Signature of the Person Filing

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