

PO1000077403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

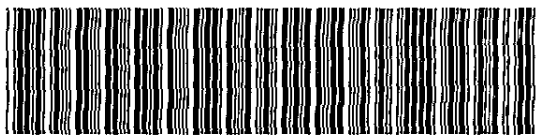
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



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FILED
05 MAY 20 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/20/05--01012--025 **49.75

Dissolution w/Notice

T BROWN MAY 25 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

BESIDA FERNANDEZ
(Name of Person)

PAPA MIKE'S PIZZA INC
(Name of Firm/Company)

15214 SW 147th AVE
(Address)

MIAMI FL 33187
(City/State/and Zip Code)

For further information concerning this matter, please call:

BESIDA FERNANDEZ at (305) 252 9368
(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 the Florida Department of State:

PAPA MIKE'S PIZZA INC.

SECOND: The document number of the corporation (if known): PO1000077403

THIRD: The file date the articles of incorporation: 08/07/2001

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 04 day of MAY 16 - 2005.

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.)

BESSIDA FERNANDEZ
(Typed or printed name of person signing)

Vice President
(Title of person signing)

FILED
05 MAY 20 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: PAPA MIKE'S PIZZA 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:

CORPORATION STOP DOING BUSINESS AS OF
03/31/04.
LAST CORPORATE RETURN 12/31/04
CORPORATION DISSOLVED AS OF 12/31/04

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

PAPA MIKE'S PIZZA INC.
C/O BESAIDE FERNANDEZ
15214 SW 147th AVE
MIAMI FL 33187

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.

BESAIDE FERNANDEZ
Printed Name of the Person Filing

(X) Besaide Fernandez
Signature of the Person Filing