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COVER LETTER

TO: Amendment Section

Division of Corporations SUBJECT: Corporate dissolution DOCUMENT NUMBER: P02000086149 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Fernando Pichardo (Name of Contact Person) Pichardo and Associates, Corp. (Firm/Company) 436 Palm Avenue (Address) Hialeah, Florida 33010 (City/State and Zip Code) For further information concerning this matter, please call: Fernando Pichardo (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: ✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

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	f State:		
	Pichardo and Associates, Corp.			
SECOND:	The document number of the corporation (if known): P02000086149			
THIRD:	The date dissolution was authorized: June 1, 2010			
	Effective date of dissolution <u>if applicable</u> : June 15, 2010 (no more than 90 days after dissolution	file data)		٠.
FOURTH:	Adoption of Dissolution (CHECK ONE)	me cate)	۰,	<u>, '</u> '
	Dissolution was approved by the shareholders. The number of votes cast is was sufficient for approval.	for disso	lution	l
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group ento vote separately on the plan to dissolve:	ntitled		
	The number of votes cast for dissolution was sufficient for approval by			
	Corporate Officers/Directors			
	(voting group)			= 1
	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	:	10 JUN 28 AM I	SEGRETARY OF A
	that fiduciary)		AM 10: 4 1	STATE
	Fernando Pichardo			_
	(Typed or printed name of person signing)			
	President/Director			
	(Title of person signing)			

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 dissol	ution.
Name of Corporation: Pichardo and Associates, Corp.	
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .	
Description of information that must be included in a claim:	
Original documents substantiating claim	
Itemized description of claim	
Itemized proof of services provided	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 436 Palm Avenue, Hialeah, Florida 33010	
A claim against the above named corporation will be barred unless a proceeding to enforce the claim within 4 years after the filing of this notice.	is commenced
Fernando Pichardo	
Printed Name of the Person Filing Signature of the Person Filing	g

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