

P 02000135595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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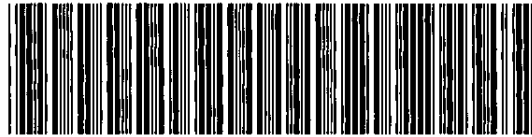
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 APR 27 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07 APR 27 PM 12:29

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

diss.

G. Goulet APR 27 2007



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 871725 . 82361A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : April 27, 2007

ORDER TIME : 10:51 AM

ORDER NO. : 871725-005

CUSTOMER NO: 82361A

DOMESTIC FILINGS

NAME: BELLA'S HOME FURNISHINGS, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - EXT# 2926

EXAMINER'S INITIALS: _____

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:

Bella's Home Furnishings, Inc.

SECOND: The document number of the corporation (if known): PO2000135595

THIRD: The date dissolution was authorized: April 25, 2007

Effective date of dissolution if applicable: _____
(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

(voting group)

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)

Carol Parsons

(Typed or printed name of person signing)

President

(Title of person signing)

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35