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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|---|
| SUBJECT: CLOSE + (DECODES 16M5 SART CORP. | |
| DOCUMENT NUMBER: <u>\$20593604</u> | |
| The enclosed Articles of Dissolution and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| WILLIAM A - SAN +05 (Name of Contact Person) | |
| (Name of Contact Person) | |
| DECODESIGNS & ART CORP. | |
| (Firm/Company) | |
| 9731 RICHMOND CIRCLE | |
| (Address) | |
| BOCA RATON, FL, 33434 (City/State and Zip Code) | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| William Santos at (561) 9291616 | |
| (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 (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) | |
| MAILING ADDRESS: STREET ADDRESS: | |
| Amendment Section Amendment Section | |
| Division of Corporations 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: The name of the corporation as currently filed with the Florida Department of State: FIRST: The document number of the corporation (if known): SECOND: The date dissolution was authorized: <u>07-24</u> THIRD: Effective date of dissolution if applicable: 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 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) (Typed or printed name 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.

Name of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: DECODESIGNS & ART CORPORATION

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:

1 CHANGE THE BUSINESS

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

9731 RICHMOND CIRCLE

BOCA RATON, FL 33434

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.

WILLIAM A. SANGOS
Printed Name of the Person F

Printed Name of the Person Filing

Signature of the Person Filing