## P03000101794

(Requestor's Name)		
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(Address)		
(Address)		
(City/State/Zip/Phone #)		
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(Document Number)		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED AND FILED

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

SUBJECT: NEO VERTIKA UNIT 407 CORP			
DOCUMENT NUMBER: P03000101794			
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter	er to the following:		
YAQUELIN TOUS			
(Name of Contact Pe	rson)		
(Firm/Company	y)		
4025 NE 2ND AVENUE			
(Address)			
MIAMI, FL 33137			
(City/State and Zip Code)			
For further information concerning this matter, please	call:		
	305 ) 571-1802		
(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 Certificate of Status Certified (Addition enclosed)	d Copy Certificate of Status & Certified Copy		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 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 State:		
	NEO VERTIKA UNIT 407 CORP		
SECOND:	The document number of the corporation (if known): P03000101794		
THIRD:	The date dissolution was authorized: 1/1/07		
	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 was sufficient for approval.	for dissolution	
	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	OT APK 16 SECRETAR TALLAHAS	
	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)	RY OF STATE SEE. FLORIDA	

Filing Fee: \$35