

PO3000106696

(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



400041772554

10/25/04--01025--021 \*\*35.00

FILED  
04 NOV 15 PM 4:46  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Dis  
TS 11/10/04

FROM :EKAHI

FAX NO. :8505352200

Sep. 29 2004 04:39PM P1

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARTICLES OF DISSOLUTION

**DOCUMENT NUMBER:** P 03000106896

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

Please return all correspondence concerning this matter to the following:

NELLE NEMECEK

(Name of Person)

EKAHI

(Name of Firm/Company)

P O BOX 112

(Address)

VERNON, FL 32462

(City/State/and Zip Code)

For further information concerning this matter, please call:

NELLE NEMECEK

(Name of Person)

at ( 850 ) 535-5000

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Department of State:

BERZOLLA ENTERPRISES, INC.

SECOND: The document number of the corporation (if known): P03000106696

THIRD: The date dissolution was authorized: 09-30-2004

Effective date of dissolution if applicable: 9-30-2004

(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)

Signed this 30TH day of SEPTEMBER, 2004

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)

NELLE NEMECEK

(Typed or printed name of person signing)

JEFFREY A. BERZOLLA

AGENT

(Title of person signing)

PRESIDENT

Filing Fee: \$35

FILED  
04 NOV 15 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: BERZOLLA ENTERPRISES, 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:

THE CORPORATION HAS NO KNOWN CREDITORS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

P O BOX 112

VERNON, FL 32462

\_\_\_\_\_


\_\_\_\_\_

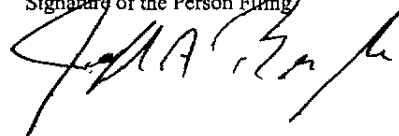
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

NELLE NEMECEK

Printed Name of the Person Filing

JEFFREY A. BERZOLLA

  
\_\_\_\_\_  
Signature of the Person Filing



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