POH00030107

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: NECK NACKS, INC DOCUMENT NUMBER: PO40000 30 107 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NECK NACKS, INC.
(Firm/Company) (Address) COPAL GABLES, FL 33134. (City/State and Zip Code) For further information concerning this matter, please call: 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 Certificate of Status & Certified Copy (Additional copy is Certified Copy (Additional copy is " enclosed) enclosed)

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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles

or dissorati	
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	NEW NACKS INC
SECOND:	The document number of the corporation (if known): POA0000 30\07
THIRD:	The date dissolution was authorized: MAY 5TH 2006
	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
	AY 21 PROPERTY OF THE PROPERTY
	(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)
	G.J. GIANNOTT A (Typed or printed name of person signing)
	(1) have at himsen tentile at heriour preferries.
	PRESIDENT
	(Title of person signing)

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 Corporat	ion: NECK NACKS INC	
	n will be the date the dissolution is filed with the Department of State or as rticles of Dissolution.	
Description of info	ormation that must be included in a claim:	
	·	
		-
		-
		-
		_
Mailing address w	where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
_	624 SANTANOIDE AND #1	
	CORDL GABUSS, FL 33134	
	e above named corporation will be barred unless a proceeding to enforce the claim is commencer the filing of this notice.	эd
	S-J. GISHINOTTA	
	Printed Name of the Person Filing	-

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