# P04000032132

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SECRETARY OF STATE ALLAHASSEE, FLORIDA



#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 27, 2008

**NIKI LAMORT** MARTINI MADAM INC. 1122 3RD STREET, SUITE 1 NEPTUNE BEACH, FL 32266

SUBJECT: MARTINI MADAM, INC.

Ref. Number: P04000032132

We have received your document for MARTINI MADAM, INC., however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 008A00018315

SECRETARY OF STATE
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TALL BHASSEE, FLORIDA

#### **COVER LETTER**

TO: Amendment Section Division of Corporations				
i				
SUBJECT: Articles of Di	ssolutio	<i>f</i> •	<del></del>	
DOCUMENT NUMBER: PO400	mn37 13	7		
DOCUMENT NUMBER: Y 0 1 OC	<u> </u>	<u></u>	<del></del>	
The enclosed Articles of Dissolution and fe	e are submitted f	or filing.		
Please return all correspondence concerning	this matter to the	e following:		
Niki La Mon (Name of C	<i>t</i>			
(Name of C	ontact Person)			
MARTINI MADA	M INC			
MARTINI MADA.	/Company)			
Neptune Beach (City/State	ite 1		2008 MAR 24 AM :8: 00 SECRETARY OF STATE ALLAHASSEE, FLORIDA	
(Ad	dress)		AR HAS	
Neutune Beach	FL 32	266	SEE.	
(City/State	and Zip Code)		FLCS!	
For further information concerning this matter			8: 00 RIDA	
Wiki La Mont (Name of Contact Person)	at ( <u>904</u> (Area (		566 ephone Number)	
Enclosed is a check for the following amoun				
	ι.			
\$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing I Certified Copy (Additional copenclosed)	Fee & \$\bigsquare\$ \bigsquare\$ \bigsquare\$ \bigsquare\$ \bigsquare\$ Certified Contact (Additional enclosed)	of Status & opy	
MAILING ADDRESS: Amendment Section Division of Corporations		STREET ADDRESS Amendment Section Division of Corpora	1	
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:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:					
	MARTINI MADAM, INC					
SECOND:	The document number of the corporation (if known): P04000032132					
THIRD:	The date dissolution was authorized: 12 31 07					
	Effective date of dissolution if applicable: 12 3 07 (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					
	ALL common Stock owners Clooping					
;	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)  Niki LaMon+					
	(Typed or printed name of person signing)					
	President					
	(Title of person signing)					

Filing Fee: \$35

## Notice of Corporate Dissolution

This notice is submitted	by the dissolved co	rporation named be	elow for reso	lution of payment of unl	cnown claims
against this corporation a					
This "Notice of Corpora	te Dissolution" is o	ptional and is not t	equired when	n filing a voluntary disso	olution.
Name of Corporation:	Martini	Madan	Inc		
Name of Corporation:	10/004/11/11	1414040101	- 11 10		
Date of dissolution will be specified in the Articles		lution is filed with	the Departm	ent of State or as	
Description of information	on that must be incl	uded in a claim:			
Date,	Amount,	Busis -	for cl	aim	
		<u> </u>			
Mailing address where c	laime can be sent: ((	Claims cannot he s	ent to the Div	vision of Corporations)	
Walning address where c	iainis can be sent. (	Ciamis camot be s	chi to the Di	vision of corporations)	
	Niki La	Mont			
	1122 3	rd St Si	uitel		
	Neptun	rd St Si e Beach	, FL	32266	
A claim against the above within 4 years after the fi		n will be barred un	iless a procee	ding to enforce the clair	n is commenced
	1 4.	<b>^</b>		7:4	
		Presiden	<u> </u>	hihi to le	
Printed	Name of the Person Fili	ng		Signature of the Person Fili	ng