P04000050281

(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:	
openia in	



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COVER LETTER

Division of Corporations	
SUBJECT: MIAMI MASON,INC	
DOCUMENT NUMBER: P040000502	281
The enclosed Articles of Dissolution and fee an	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
JOSE A. ORTEZ	
(Name of	Person)
MIAMI MASON,INC	
(Name of Firm	/Company)
14690 SW 171 TERR	
(Addre	SS)
MIAMI, FL 33177	
(City/State/an	d Zip Code)
For further information concerning this matter, please call:	
JOSE A. ORTEZ	at (305) 969-5386
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
(A	43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, ertified Copy Certificate of Status & Certified Copy enclosed) (Additional copy is 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 607.1401, 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:
	MIAMI MASON,INC
SECOND:	The document number of the corporation (if known): P0400050281
THIRD:	The file date the articles of incorporation: 03/22/2004
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
	A majority of the directors authorized the dissolution.
Si	gned this 20 day of JULY , 2005.
Sign	ature: (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.)
	JOSE A. ORTEZ (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 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: MIAMI MASON, 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:
NONE
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
14690 SW 171 TERR
MIAMI, FL 33177
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.
JOSE A. ORTEZ Jose H Chtz
Printed Name of the Person Filing Signature of the Person Filing

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