

P04000058783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

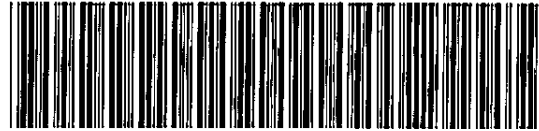
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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FILED
05 MAY 17 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/17/05--01076--006 **43.75

Dis-
notice

MAY 4 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corporate Dissolution

DOCUMENT NUMBER: P04000058783

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

Please return all correspondence concerning this matter to the following:

GISEL VALDIVIA

(Name of Person)

Made 4 you of South Florida, Inc.

(Name of Firm/Company)

4030 NW. 200th St.

(Address)

Miami FL 33055

(City/State/and Zip Code)

For further information concerning this matter, please call:

GISEL VALDIVIA

(Name of Person)

at (786) 267-1047

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy (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 607.1403, 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:

Made 4 you of South Florida, Inc.

SECOND: The document number of the corporation (if known): P04000058783

THIRD: The date dissolution was authorized: 5/13/05

Effective date of dissolution if applicable: 5/13/05
(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 of 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

2
(voting group)

Signed this 13th day of May

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)

GISEL VALDIVIA

(Typed or printed name of person signing)

President

(Title of person signing)

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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: Made 4 you of South Florida, 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:

This is a voluntary dissolution
This company never established
not even a bank account.

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

N/A

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.

ISEL VALDIVIA

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing