

P04000065045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

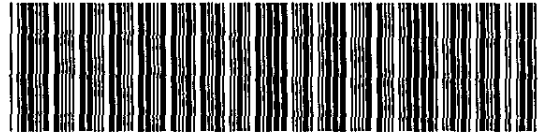
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STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: FUNDACION DE ESMERALDAS CORP (DISSOLUTION)
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ ^{43.75}~~50.00~~
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

SANDRA CHAVEZ

Name (printed or typed)

3050 SW 16 TERR

Address

MIAMI FL 33145

City, State & Zip

786-256-9509

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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:

FUNDACION DE ESMERALDAS CORP

SECOND: The document number of the corporation (if known): P04000065045

THIRD: The date dissolution was authorized: 12-30-05

Effective date of dissolution if applicable: 12-30-05
(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 by

SANDRA CHAVEZ PRESIDENT
(voting group)

Signed this 30 day of Emro, 06

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)

SANDRA CHAVEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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