# POHOCOURU57

(Re	questor's Name)	<del></del>
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
	siness Entity Nan	(ar
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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# **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Kiwis Hospitay inc 0/8/A Holiday Inn Express , Sub		
DOCUMENT NUMBER: 10400068657		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
USHA PARCL		
(Name of Contact Person)		
Housey Inn Express + Sectes (Firm/Company)		
101 SPODNER ROMO, QUINCY		
(Address)		
(City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
USITA PARZ at (850) 284 - 7648  (Name of Contact Person) (Area Code) (Daytime Telephone Number)		
(Name of Contact Person) (Area Codé) (Daytime Telephone Number)		
Enclosed is a check for the following amount:		
□\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status & Certificate of St		
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, 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:			
	KIWI'S HOSPITALITY INC			
SECOND:	The document number of the corporation (if known): P0400068657			
THIRD:	The date dissolution was authorized: 8 10 20 17			
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.			
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			
	2 Buisness was Sous			
	(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)			
	USHA PATEL			
	(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: KIWIIS Hostimuny 1	INC DOON HOLDWINN EXPRESS 1 Sucks
Date of dissolution will be the date the dissolution is filed specified in the Articles of Dissolution.	with the Department of State or as
Description of information that must be included in a claim	m:
Busnes was sold effective  Over under allflerent Corporation	8/10/2017 New Owners LOOK
Over under clifferent Corporation	¢^i '
Mailing address where claims can be sent: (Claims canno	ot be sent to the Division of Corporations)
75 Sproner Rd. Quincy,	FL 323SI
75 Spooner Rd. QUINCY, Artn: Usha Pakl	
	<u> </u>
A claim against the shave named corneration will be barr	red unless a proceeding to enforce the claim is commenced
within 4 years after the filing of this notice.	red unless a proceeding to enforce the claim is commenced
	110
USHA PARA	White I
Printed Name of the Person Filing	Signature of the Person Filing