## PU40000 83694

| (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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## **COVER LETTER**

**TO:** Amendment Section

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A BAL-DUE \$ 5:00.

| Division of Corporations   |     |  |
|--|-----|--|
| SUBJECT: ISMAR ENTERPRISE INC. DBA CELEBRATION TIME FLORE  | STS |  |
| DOCUMENT NUMBER: Po 40000 83694  |     |  |
| The enclosed Articles of Dissolution and fee are submitted for filing.   |     |  |
| Please return all correspondence concerning this matter to the following:  |     |  |
| ISABELL . A. MARTIN (Name of Contact Person)   |     |  |
| ISMAR ENTERPRISE INC. & BA CELEBRATION TIME FLORIST (Firm/Company)   | 3.  |  |
| 9960 S.W. 12 ST. (Address)   |     |  |
|  |     |  |
| PEMBROKE PINES, PL. 33075-0903<br>(City/State and Zip Code)  |     |  |
| (City/State and Zip Code)  |     |  |
| For further information concerning this matter, please call:   |     |  |
| TSABCLL - A. MARTIN . at (954) 673-7264  (Name of Contact Person) (Area Code & Daytime Telephone Numb  | er) |  |
| Enclosed is a check for the following amount:  |     |  |
| \$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)  \$\Bigcup \\$35 Filing Fee & Certified Copy (Additional copy is enclosed)              |     |  |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810 |     |  |

Tallahassee, FL 32303



## FLORIDA DEPARTMENT OF STATE Division of Corporations

PECEIVED

2022 JAN 18 AM 8: 02

SECRETARY OF STATE
TALLAHASSEE, FL

December 12, 2021

ISMAR ENTERPRISES INC. % ISABELL A. MARTIN 9960 SW 12 STREET PEMBROKE PINES, FL 33025

SUBJECT: ISMAR ENTERPRISES INC.

Ref. Number: P04000083694

We have received your document for ISMAR ENTERPRISES INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Profit Corporation. Please complete and return the enclosed blank form(s).

The fee to file your document is \$35.

There is a balance due of \$5.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist III

Letter Number: 621A00029910

## 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:  |  |
|--|---|--|
|  | ISMAR ENTERPRISE INC  |  |
| SECOND:  | The document number of the corporation (if known): 1040000 83694  |  |
| THIRD:   | The document number of the corporation (if known): $104000083694$ The file date of the articles of incorporation: $5255004$             |  |
| FOURTH:  | None of the corporation's shares have been issued.  |  |
| FIFTH:   | No debt of the corporation remains unpaid.  |  |
| SIXTH:   | The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued. |  |
| SEVENTH:   | A majority of the incorporators or directors authorized the dissolution.  |  |
| 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.) |   |  |
|  | TSABELL A. MARTIN  (Typed or printed name of person signing)  |  |
|  | OWNER/ MANAGER (Title of Person Signing)  |  |

Filing Fee: \$35 🖈

\* Balance Ine \$5.00.