

PO4000 104189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

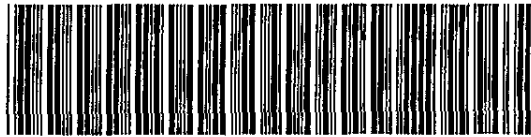
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/12/05--01069--016 **43.75

FILED
05 JUL 12 PM 12:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dis.
notice

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF CORP NAMED STELMARK, CORP.

DOCUMENT NUMBER: P04000104189

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

Please return all correspondence concerning this matter to the following:

FLORENCIO CUENCA

(Name of Person)

STELMARK, CORP

(Name of Firm/Company)

6473 SW 8 COURT

(Address)

NORTH LAUDERDALE FL 33068

(City/State/and Zip Code)

For further information concerning this matter, please call:

FLORENCIO CUENCA

(Name of Person)

at 954-979-4559

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

<input type="checkbox"/> \$35 Filing Fee	<input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	<input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
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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:

STELMARK, CORP

SECOND: The document number of the corporation (if known): P04000104189

THIRD: The date dissolution was authorized: 7/8/2005

Effective date of dissolution if applicable: 7/8/2005
(no more than 90 days after dissolution date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes 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

OFFICERS

(voting group)

Signed this 08 day of JULY, 2005.

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)

MARCELO QUINCHE

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)

Filing Fee: \$35

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05 JUL 12 PM 12:28
SECRETARY OF STATE
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: STELMARK, CORP

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)

FLORENCIO CUENCA

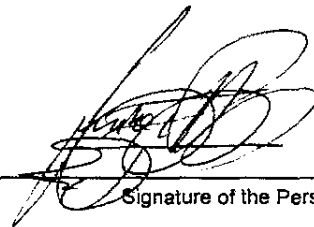
6473 SW 8 COURT

NORTH LAUDERDALE FL 33068

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.

MARCELO QUINCHE

Printed Name of the Person Filing



Signature of the Person Filing