

P04000108426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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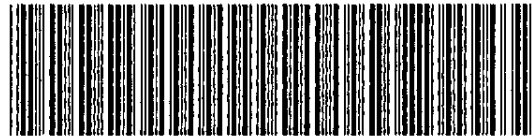
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB - 3 AM 8:58

Art Diss/cc
@ 2/4/11

COVER LETTER

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

SUBJECT: STEVEN OSORIO P.A.
PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

- ☐ \$35 Filing Fee
- ☒ \$43.75 Filing Fee &
- ☐ \$43.75 Filing Fee &
- ☐ \$52.50 Filing Fee

MAILING ADDRESS: STREET ADDRESS:
ADDITIONAL COPY REQUIRED

FROM:

STEVEN OSORIO

Name (Printed or typed)

15757 PINES BLVD # 195

Address

PEMBROKE PINES FL 33027

City, State & Zip

954-828-2968

Daytime Telephone number

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution.

FIRST: The name of the corporation is: STEVEN OSORIO P.A.

SECOND: The filing date of the articles of incorporation was: 07/20/2004

THIRD: (CHECK ONE)

- ☒ None of the corporation's shares have been issued.
- ☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

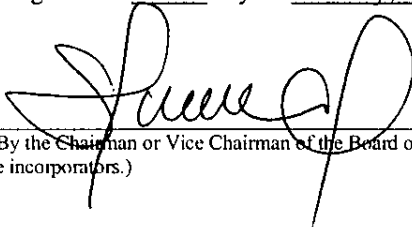
FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

- ☐ A majority of the incorporators authorized the dissolution.
- ☒ A majority of the directors authorized the dissolution.

Signed this 28th day of January, 2011

Signature



(By the Chairman or Vice Chairman of the Board of Directors, President or other officer- if there are no officers or directors, by the incorporators.)

Steven Osorio
Typed or printed name

President
Title

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