

P04000149282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

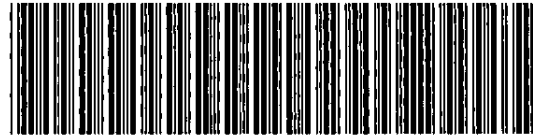
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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w/Notice
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DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2012

MARTHA ARIAS
ARIAS VILLA, P.A.
9100 SO. DADELAND BLVD., SUITE 1500
MIAMI, FL 33156

SUBJECT: ARIAS VILLA, P.A.
Ref. Number: P04000149282

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$706.25. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Articles of Revocation of Dissolution cannot be filed to reactivate a corporation that was administratively dissolved or revoked on September 28, 2012. Enclosed is a reinstatement application that must be completed and returned with the reinstatement fee of \$750.00.

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.

Darlene Connell
Regulatory Specialist II

Letter Number: 012A00024951



Arias Villa Law.
IMMIGRATION & NATIONALITY LAW

November 2, 2012

Florida Department of State
Division of Corporations
Attn: Darlene Connell
P.O BOX 6327
Tallahassee, FL 32314

Ref: The Articles of Dissolution

Dear Mrs. Connell,

As per our conversation on the phone, enclosed I'm sending you the Articles of Dissolution.

If you have any questions, please don't hesitate to contact me.

Respectfully submitted,



Martha L. Arias

9100 S. Dadeland Blvd.
Suite 1500
Miami, FL 33156
Office: 305-789-6627
Fax: 305-395-7712
Martha@Ariasvilla.com

RECEIVED

12 NOV -6 AM 10:12

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARTICLES OF DISSOLUTION

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

MARTHA L. ARIAS

(Name of Contact Person)

ARIAS VILLA, PA

(Firm/Company)

9100 S. DADELAND BLVD., SUITE 1500,

(Address)

MIAMI, FL. 33156

(City/State and Zip Code)

For further information concerning this matter, please call:

MARTHA L. ARIAS

(Name of Contact Person)

at (**305**) **789-6627**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☒ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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:

ARIAS VILLA, P.A.

SECOND: The document number of the corporation (if known): P04000149282

THIRD: The file date of the articles of incorporation: 10/29/2004

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

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

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the 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.)

MARTHA L. ARIAS

(Typed or printed name of person signing)

PRESIDENT/ OWNER

(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: ARIAS VILLA, P.A.

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:

N/A

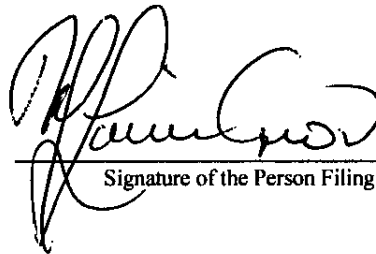
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

9100 S. DADELAND BLVD., SUITE 1500,
MIAMI, FL. 33156

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.

MARTHA L. ARIAS

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00